

Notice of Service of Process

SP266233
Page 1 of 1

Dover, DE • Los Angeles • Sacramento • Springfield, IL • Albany • New York

615 South DuPont Highway, Dover, Delaware 19901
(302) 734-1450 Toll Free (800) 483-1140
Fax (800) 253-5177 Email: statrep@nationalcorp.com

DATE: April 19, 2011

TO: David J Croft
Synthes USA HQ, Inc.
1302 Wrights Lane East
West Chester, PA 19380

SENT VIA:

- ☒ Email
☒ Federal Express
☐ Facsimile Transmission
☐ Other:

Tracking Number:
797003462802

RE: SERVICE OF PROCESS:
SYNTHES USA SALES, LLC

The enclosed Service of Process was received by the statutory agent in: **Tennessee**
on the date of: **April 18, 2011**
received via: **Personal Service**

TITLE OF ACTION: Oneida V. Leech, et al. vs. SYNTHES USA SALES, LLC, et al.

COURT AND CASE NO: Circuit Court of Dickson County, State of Tennessee

Case No. 22CC-2011-CV-58
Summons and Complaint

RESPONSE REQUIRED BY: Within thirty (30) days

NOTE:

Sincerely,

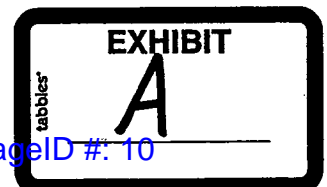
Wayne Rafanelli

Wayne Rafanelli, Manager - Registered Agent Services

Please sign, date and return the attached confirmation receipt using the enclosed addressed envelope, via fax (800-253-5177) or via e-mail (statrep@nationalcorp.com).

Please carefully review the document referenced above to confirm all information, including the Response Date, for accuracy. The information noted above is provided based on our review and is not a legal opinion.

PLEASE CONSULT THE SERVICES OF A COMPETENT PROFESSIONAL ATTORNEY.



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615 South DuPont Highway, Dover, Delaware 19901
(302) 734-1450 Toll Free (800) 483-1140

Fax (800) 253-5177 Email: statrep@nationalcorp.com

DATE: April 18, 2011

TO: David J Croft
Synthes USA HQ, Inc.
1302 Wrights Lane East
West Chester, PA 19380

RE: SERVICE OF PROCESS:
SYNTHES USA SALES, LLC

SP266233

For NCR use only. Please do not write in this area.

Date Rcvd: _____

Rcvd By: _____

Confirmation of Receipt of Notice of Service of Process

The enclosed Service of Process was received by the statutory agent in: **Tennessee**
on the date of: **April 18, 2011**
received via: **Personal Service**

TITLE OF ACTION: Oneida V. Leech, et al. vs. SYNTHES USA SALES, LLC, et al.

COURT AND CASE NO: Circuit Court of Dickson County, State of Tennessee

Case No. 22CC-2011-CV-58

Summons and Complaint

RESPONSE REQUIRED BY: Within thirty (30) days

Please sign, date and return the attached confirmation receipt using the enclosed addressed envelope, via fax (800-253-5177) or via e-mail (statrep@nationalcorp.com). Your failure to execute and return this receipt will not impose any liability on NCR.

Signature of Recipient

Date

If the above contact and/or address is no longer accurate for SOP notification, please provide updated contact/address:

STATE OF TENNESSEE
CIRCUIT COURT OF DICKSON COUNTY

Oneida V. Leech
and Samuel L. Leech

Plaintiff

Synthes USA, LLC vs.
and Synthes, Inc.

Defendant

SUMMONS

No. 22CC-2011-CV-58

CIVIL ACTION

To the defendant(s) Synthes USA, LLC - Registered agent: National Corporate Research, Ltd. Inc.
992 Davidson Drive, Suite B, Nashville, Tennessee 37205

You are hereby summoned to appear and defend a civil action filed against you in the Circuit Court of Dickson County, Tennessee, within thirty (30) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement can be taken against you for the relief demanded in the complaint.

Also, you are summoned to appear before the Judge at Charlotte, TN on the
day of , 20 and show cause

Plaintiff's attorney is

Witness, Pamela (Pam) A. Myatt, Clerk of said Court, at office this the 12 day of April, 2011

Pamela (Pam) A. Myatt, Clerk

By: Pam Myatt / JHD
Deputy Clerk



RETURN OF SERVICE OF SUMMONS

I hereby certify and return that on the April 19, 2011, day of April, 2011, I hereby served this Summons, together with the complaint therein, by delivering a copy of the same to:

Synthes USA, LLC - Registered Agent

Sheriff

After diligent search and inquiry, the defendant is not to be found in Dickson County, Tennessee and is a resident of the State of

Sheriff

No. Oneida V. Leech
and Samuel L. Leech
Plaintiff
vs. (Summons)
Synthes USA, LLC
and Synthes, Inc.
Defendant

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that on the _____ day of _____, 20____, I sent, postage prepaid, by registered return receipt mail or certified receipt mail, a certified copy of the summons and a copy of the complaint in Case No. _____ to the defendant _____.

On the _____ day of _____, 20____, I received the return receipt for said registered or certified mail, which had been signed by _____ on the _____ day of _____, 20____. Said return receipt is attached to this original summons and both documents are being sent herewith to the Clerk for filing.

SWORN TO AND SUBSCRIBED BEFORE ME ON
THIS _____ DAY OF _____, 20____.

____ NOTARY PUBLIC or _____ DEPUTY CLERK
MY COMMISSION EXPIRES: _____

PLAINTIFF, PLAINTIFF'S ATTORNEY OR
OTHER PERSON AUTHORIZED BY
STATUTE TO SERVE PROCESS

NOTICE

TO THE DEFENDANT(S):

Tennessee law provides a four thousand dollar (\$4,000.00) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek counsel of a lawyer.

**Attach Return
Receipt Here**

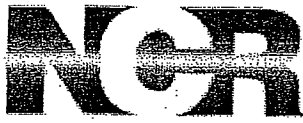
STATE OF TENNESSEE
COUNTY OF DICKSON

I, Pamela (Pam) A. Myatt, Clerk of the Dickson County Circuit Court in Charlotte, Tennessee, do hereby certify this to be a true and correct copy of the original summons filed in this case.

(To be completed only if
copy certification required).

By: _____

DEPUTY CLERK



**NATIONAL
CORPORATE
RESEARCH, LTD.**

The Right Response at the Right Time, Every Time.

Dover, DE • Los Angeles • Sacramento • Springfield, IL • Albany • New York

615 South DuPont Highway, Dover, Delaware 19901
(302) 734-1450 Toll Free (800) 483-1140

Fax (800) 253-5177 Email: statrep@nationalcorp.com

SP266269

For NCR use only. Please do not write in this area.

Date Rcvd: _____

Rcvd By: _____

DATE: April 19, 2011

TO: David J Croft
Synthes USA HQ, Inc.
1302 Wrights Lane East
West Chester, PA 19380

**Confirmation of Receipt of
Notice of Service of Process**

RE: SERVICE OF PROCESS:
SYNTHES, INC.

The enclosed Service of Process was received by the statutory agent in: **Delaware**
on the date of: **April 19, 2011**
received via: **Certified Mail**

TITLE OF ACTION: Oneida V. Leech and Samuel L. Leech vs. Synthes USA Sales, LLC, et al. including
SYNTHES, INC.

COURT AND CASE NO: In the Circuit Court of Dickson County, State of Tennessee at Charlotte

Case No. 2200-2011-CV-58
Summons and Complaint

RESPONSE REQUIRED BY: Within thirty (30) days

Please sign, date and return the attached confirmation receipt using the enclosed addressed envelope, via fax (800-253-5177) or via e-mail (statrep@nationalcorp.com). Your failure to execute and return this receipt will not impose any liability on NCR.

Signature of Recipient

Date

If the above contact and/or address is no longer accurate for SOP notification, please provide updated contact/address:



State of Tennessee

Department of State

Division of Business Services

312 Rosa L Parks Ave

6th Floor Wm. R. Snodgrass Tower

Nashville, Tennessee 37243

4/14/2011

Date

70090960000115348847

Certified Number

File No: 22CC-2011-CV-58

Company: **SYNTHES, INC**

Name:

Agent/POE: R/A NATIONAL CORPORATE RESEARCH, LTD

Address: 615 SOUTH DUPONT HWY
DOVER, DE 19901

Country:

RE: ONEIDA AND SAMUEL LEECH

VS: SYNTHES USA, LLC AND SYNTHES, INC

Notice of Service

The enclosed summons and attachments are hereby officially served upon you by the Office of the Tennessee Secretary of State pursuant to Tennessee Law. Please refer to the summons and attachments for details concerning the lawsuit filed against you. If you have any questions, please contact the clerk of the court which issued the summons. You can obtain the court's telephone number by calling information (area code) 555-1212. The name of the court and county where the court is located will be on the attached summons.

The summons will either tell you a court date and time at which you must appear to defend yourself or tell you the number of days from the day you are served within which you must file an answer upon the plaintiff's attorney. Failure to appear in court at the time specified or failure to answer the summons within the given time could result in a judgement by default being rendered against you for relief sought in the lawsuit.

The Secretary of State's Office cannot give you legal advice. If you need legal advice, please consult a private attorney.

Sincerely,

Tre Hargett
Secretary of State

enclosures

Initial: MMH

CC:

STATE OF TENNESSEE
CIRCUIT COURT OF DICKSON COUNTY

Onerda V. Leech
and Samuel L. Leech

Plaintiff

vs.

Synthes USA, LLC

and Synthes, Inc.

Defendant

SUMMONS

No. 2011-CV-58

CIVIL ACTION

To the defendant(s) Synthes, Inc. - registered agent, National Corporate Research, Ltd., 415 South
DuPont Hwy., Dover, Delaware, 19901 - to be served through Secretary of State

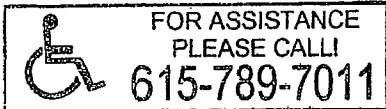
You are hereby summoned to appear and defend a civil action filed against you in the Circuit Court of Dickson County, Tennessee, within thirty (30) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement can be taken against you for the relief demanded in the complaint.

Also, you are summoned to appear before the Judge at Charlotte, Tennessee on the
day of _____, 20____ and show cause _____

Plaintiff's attorney is _____

Witness, Pamela (Pam) A. Myatt, Clerk of said Court, at office this the _____

day of April, 2011
Pamela (Pam) A. Myatt, Clerk



By: Pam Myatt

Deputy Clerk

RETURN OF SERVICE OF SUMMONS

I hereby certify and return that on the _____ day of _____, 20____, I hereby served this Summons, together with the complaint therein, by delivering a copy of the same to: _____

Sheriff

After diligent search and inquiry, the defendant is not to be found in Dickson County, Tennessee and is a resident of the State of _____

Sheriff

No. _____
Onerda V. Leech
and Samuel L. Leech

Plaintiff

vs. (Summons)

Synthes USA, LLC

and Synthes, Inc.

Defendant

RECEIVED
STATE OF TENNESSEE
2011 APR 13 AM 10:12
TRE HARGETT
SECRETARY OF STATE

RETURN ON SERVICE OF SUMMONS BY MAIL

I hereby certify that on the _____ day of _____, 20____, I sent, postage prepaid, by registered return receipt mail or certified receipt mail, a certified copy of the summons and a copy of the complaint in Case No. _____ to the defendant _____.

On the _____ day of _____, 20____, I received the return receipt for said registered or certified mail, which had been signed by _____ on the _____ day of _____, 20____. Said return receipt is attached to this original summons and both documents are being sent herewith to the Clerk for filing.

SWORN TO AND SUBSCRIBED BEFORE ME ON
THIS _____ DAY OF _____, 20____.

_____, NOTARY PUBLIC or _____ DEPUTY CLERK
MY COMMISSION EXPIRES: _____

PLAINTIFF, PLAINTIFF'S ATTORNEY OR
OTHER PERSON AUTHORIZED BY
STATUTE TO SERVE PROCESS

NOTICE

TO THE DEFENDANT(S):

Tennessee law provides a four thousand dollar (\$4,000.00) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek counsel of a lawyer.

**Attach Return
Receipt Here**

STATE OF TENNESSEE
COUNTY OF DICKSON

I, Pamela (Pam) A. Myatt, Clerk of the Dickson County Circuit Court in Charlotte, Tennessee, do hereby certify this to be a true and correct copy of the original summons filed in this case.

(To be completed only if
copy certification required).

By: Pamela Myatt
DEPUTY CLERK

COPY

IN THE CIRCUIT COURT OF DICKSON COUNTY, TENNESSEE
AT CHARLOTTE

ONEIDA V. LEECH,
and SAMUEL L. LEECH,

Plaintiffs,

vs.

SYNTHES USA SALES, LLC,
and SYNTHES, INC.

Defendants.

NO. 22CC-2011-CV-58
JURY DEMAND

FILED April 12 20 11
8:33 A M
Pamela A. Myatt
Circuit Court Clerk

COMPLAINT

Come now the Plaintiffs, Oneida V. Leech and Samuel L. Leech, and for cause of action would show unto this Honorable Court as follows:

PARTIES, JURISDICTION, VENUE

1. The Plaintiffs, Oneida V. Leech and Samuel L. Leech, are a citizens of Dickson County, Tennessee, residing at 520 Furnace Hollow Road, Dickson, Tennessee 37055.
2. The Defendant, Synthes USA Sales, LLC, is a limited liability company doing

business in the State of Tennessee. The registered agent for Synthes USA Sales LLC is National Corporate Research, Ltd., Inc., 992 Davidson Drive, Suite B, Nashville, Tennessee 37205. The principal office of Synthes USA Sales, LLC is located at 1302 Wrights Lane Ease, West Chester, Pennsylvania 19380.

3. The Defendant, Synthes, Inc., is a corporation, believed to be organized pursuant to the laws of the State of Delaware. The registered agent for Synthes, Inc. is National Corporate Research, Ltd., 615 South Dupont Highway, Dover, Delaware 19901. The principal office of Synthes, Inc. is located at 1302 Wrights Lane Ease, West Chester Pennsylvania 19380
4. Both Defendants, Synthes USA Sales, LLC and Synthes, Inc., have sufficient minimum contacts with the State of Tennessee to allow the Courts of the State of Tennessee to exercise jurisdiction over the Defendants.

At all times relevant to this cause of action, both Defendants have conducted business in the State of Tennessee and generated revenue as a result of this business.

5. The Defendants developed, manufactured, advertised, promoted, marketed, sold and distributed orthopaedic implants for the treatment of broken or fractured bones, and specifically dynamic hip screw systems in the State of Tennessee.

6. This Honorable Court is the proper venue over this cause of action as the damages and claims arose in Dickson County, Tennessee, pursuant to T.C.A. § 20-4-106.
7. This Honorable Court has personal jurisdiction over the two Defendants pursuant to T.C.A. § 20-2-201. The Defendants, at all relevant times relevant to this cause of action, regularly and systematically conducted, carried on, and transacted considerable and substantial business in the State of Tennessee.

AGENCY RELATIONSHIP

8. At all times relevant to this cause of action, the Defendants, both individually and collectively, and affiliates not herein named, are and were agents and/or joint ventures of each other, and in performing the acts alleged herein, were acting within the course and scope of such agency. Each of the Defendants had actual and/or constructive knowledge of the acts of the other and ratified, approved, joined in, acquiesced in and/or authorized the wrongful acts of the other and/or retained the benefits of said wrongful acts.
9. At all times relevant to this cause of action, the Defendants, each acted as the agent of the other Defendant, within the course and scope of this agency relationship regarding the acts and omissions alleged. Together these Defendants entered into an

agreement to commit the acts alleged herein and, engaged in the course of conduct and in furtherance of these goals. The Defendants acted in concert, aided and abetted each other, conspired to engage in the common course of misconduct alleged herein at the expense of the Plaintiffs.

PLAINTIFFS, ONEIDA V. LEECH and SAMUEL L. LEECH

10. During the third week of December, 2009, the Plaintiffs were attending a program at the Tennessee School for the Blind in Nashville, Davidson County, Tennessee, where their grandchild was a student. Unfortunately, during the visit, the Plaintiff, Oneida V. Leech, fell, fracturing the left proximal femur in an intertrachanleric pattern. On December 19, 2009, Mrs. Leech was treated with surgical intervention of open reduction internal fixation with sliding compression screw, Synthes DHS system. A plate was attached to the top portion of the shaft of the femur, or thigh bone, using four metal screws, just below the great trochanter. Manufactured into this plate was a tube described as a sliding screw, in the approximate length of 5/8 inch at an angle of approximately 135 degrees. A hole was drilled into the great trochanter through the neck of the femur, into the head or ball of the femur that fits into the hip socket. The tube, or sliding screw, of the plate was inserted into the hole in the great trochanter. A long compression screw was placed within the sliding compression screw, drawing the fractured bone fragments together.

11. On or about May 10, 2010, Oneida V. Leech, awoke, after a night's sleep with excruciating debilitating pain in the left hip, pelvis and upper leg. On May 12, 2010, she was seen by her orthopaedist who recommended she be treated by an additional surgical procedure to remove the broken and fractured implanted. This procedure was performed on May 17, 2010.
12. Post operatively, Oneida V. Leech, spent considerable time in an inpatient rehabilitation facility and later was treated with physical therapy.
13. Oneida V. Leech incurred expenses for medical care and treatment and endured great pain and suffering.
14. The spouse of Oneida V. Leech, Samuel L. Leech, was damaged in that he lost consortium with his wife and was deprived of her services for an extended period of time.
15. A portion, but not all, of the medical expenses incurred by the Plaintiff are as follows:

First Call Ambulance	\$1,052.81
Summitt Medical Associates	\$362.00
Radiology Alliance	\$253.00
Kroger Pharmacy	<u>\$18.55</u>
	\$1,686.36

Pursuant to T.C.A. § 24-5-113(a) confirmation of these expenses in the form of bills, invoices or statements of charges from these providers are attached hereto and incorporated herein by reference.

16. In addition to the expenses set forth in Item 15 the Plaintiff incurred other medical expenses as follows:

Premier Orthopaedics and Sport Medicine	\$21,540.00
Horizon Medical Center	\$26,546.50
Summitt Medical Center	\$56,277.65
Anesthesia Medical Group PC	\$5,475.01
Physiotherapy Associates	<u>\$3,751.00</u>
	\$113,590.16

Pursuant to T.C.A. § 24-5-113(b) confirmation of these expenses in the form of bills, invoices or statements of charges from these providers are attached hereto and incorporated herein by reference.

17. As a direct and legal consequence of the Synthes Dynamic Hip Screw System and its defects as described herein, Plaintiff, Oneida V. Leech was required to live with a painful hip and upper leg, which inhibited her ability to walk, ambulate, move around and otherwise pursue and engage in her activities of daily living. Plaintiffs, Oneida V. Leech and Samuel L. Leech have suffered the injuries, losses and damages herein claimed.

18. Prior to, on, and after the date of Plaintiff's surgery in December, 2009, and at all

relevant times, Defendants designed, distributed, manufactured, sold, and marketed the Synthes Dynamic Hip Screw System for implantation into consumers, such as Plaintiff, by physicians and surgeons in the United States.

19. At all times herein mentioned, Defendants designed, distributed, manufactured, marketed and sold the above-described Synthes Dynamic Hip Screw System, which was implanted in Plaintiff, such that it was dangerous, unsafe, and defective in manufacture. Said defects included, but were not limited to, the fact the compression screw of the Synthes Dynamic Hip Screw System broke and fractured at the point where the compression screw exited the tube or sliding screw.
20. The break and fracture of the compression screw implanted in the Plaintiff's great trochanter, neck and ball of the femur was and is a manufacturing defect and/or design defect.
21. Plaintiff's physicians implanted the Synthes Dynamic Hip Screw System in the manner in which the Synthes Dynamic Hip Screw System was intended to be used, making such use reasonably foreseeable to Defendants.
22. As a direct result and proximate result of the Defendants negligent design, manufacture, marketing and sale of the defective Synthes Dynamic Hip Screw

System, the Plaintiffs suffered the injuries described herein.

23. Defendants' design, manufacture, marketing, promotion and sale of the Synthes Dynamic Hip Screw System was a substantial factor in causing Plaintiff's injuries, losses and damages, as described herein.

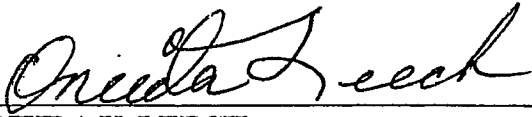
24. As a direct and legal result of these injuries, it became necessary for Plaintiff to incur expenses for doctors, hospitals, nurses, and other reasonably required and medically necessary supplies and services.

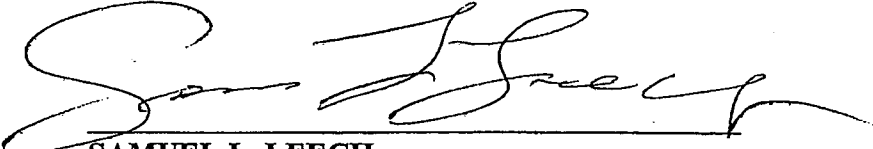
PREMISES CONSIDERED, your Plaintiff's Oneida V. Leech and Samuel L. Leech would pray for the following relief:

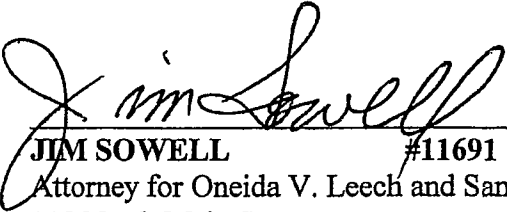
1. That they be allowed to file this Complaint in this Honorable Court, and the Complaint be served on the Defendant, Synthes, Inc., through the Secretary of State of the State of Tennessee, and on the Defendant, Synthes USA Sales, LLC, by service on its Registered Agent for Service of Process, National Corporate Research Ltd., Inc., 992 Davidson Drive, Suite B., Nashville, Tennessee 37205.
2. That the Defendants be required to file their responsive pleadings according to law, but their oaths are waived.

3. That a jury of twelve good citizens of Dickson County, be empaneled to hear and try this cause.
4. That Oneida V. Leech be granted her reasonable damages, not in excess of Five Hundred Thousand and no/100 Dollars (\$500,000.00).
5. That Samuel L. Leech be granted his reasonable damages not to exceed Two Hundred Fifty Thousand and no/100 Dollars (\$250,000.00).
6. That the Plaintiffs have such other and general relief to which they are entitled and justice requires.

Respectfully submitted,


ONEIDA V. LEECH


SAMUEL L. LEECH


JIM SOWELL #11691
Attorney for Oneida V. Leech and Samuel L. Leech
118 North Main Street
Dickson, Tennessee 37055
(615) 446-8389


STATE OF TENNESSEE
COUNTY OF DICKSON

We, ONEIDA V. LEECH and SAMUEL L. LEECH, the Plaintiffs herein, upon first being duly sworn, hereby make oath that we have read the foregoing Complaint and that the facts and statements contained therein are true to the best of our knowledge, information and belief; that same are not made out of levity or by collusion with the Defendants, but in sincerity and truth and for the causes mention in the Complaint.

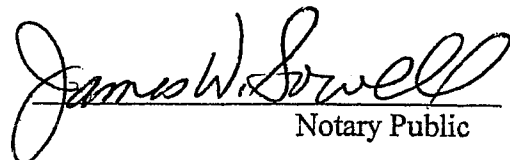

ONEIDA V. LEECH


SAMUEL L. LEECH


SUBSCRIBED and sworn to before me, James W. Sowell, a Notary Public on this the 11 day of April, 2011.

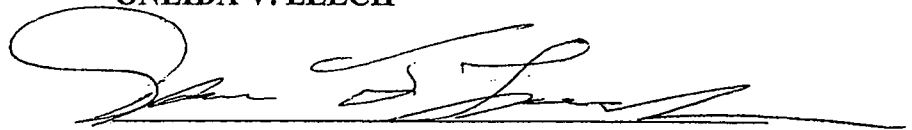

My Commission Expires: _____

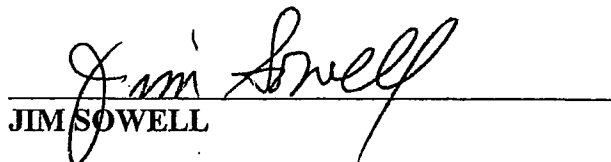
JAMES W. SOWELL
Notary Public at Large
Comm. Expires June 18, 2012


Notary Public

We are surety for cost in this cause not to exceed Five Hundred (\$500.00) Dollars.


ONEIDA V. LEECH


SAMUEL L. LEECH


JIM SOWELL



FIRST CALL AMBULANCE SERVICE METRO
PO BOX 17345
NASHVILLE, TN 37217-0345
(615)324-0444
Federal Tax ID: 770624433

REDACTED

Patient Code:

ONIEDA V LEECH

Amount Enclosed: \$

Please return top portion with payment.

Date: 03/07/2011

STATEMENT

Page 1

Patient: ONIEDA V LEECH
Code:

Date	Invoice	Description	Charges	Payments	Balance
05/19/2010	DAV-01260857	Charges	1,052.81	0.00	1,052.81
05/20/2010	DAV-01260857	Medicare Filed	0.00	0.00	
06/03/2010	DAV-01260857	Medicare 06/01/2010	0.00	456.64	596.17
06/03/2010	DAV-01260857	Writeoff	0.00	482.01	114.16
07/28/2010	DAV-01260857	POMCO 7-048 ND	0.00	114.16	0.00
07/30/2010	DAV-01260857	POMCO 7-058 SJ	0.00	114.16	-114.16
08/31/2010	DAV-01260857	RVS PYMNT ADD TO CORRECT ACCT	0.00	-114.16	0.00
Invoice Total:					0.00

AS A COURTESY WE HAVE FILED A CLAIM WITH YOUR INSURANCE CARRIER(S), IF APPLICABLE.

THE REMAINING BALANCE REFLECTED IS PATIENT RESPONSIBILITY AND DUE UPON RECEIPT.

\$	0.00	Total Balance Due
\$	0.00	Less amount awaiting payment from Medicare or Insurance
\$	0.00	Total Balance Due From You

PLEASE CALL 615-324-0444 OR 1-866-232-8291 WITH ANY QUESTIONS OR TO MAKE PAYMENT ARRANGEMENTS IF YOUR ACCOUNT IS DELINQUENT TO AVOID ADDITIONAL FEES.

FOR CREDIT CARD PAYMENT OR CHANGE OF ADDRESS SEE REVERSE.

PATIENT RECEIPT
Phone: (615) 391-3971

Summit Medical Associates, PC
5653 Frist Boulevard, Ste 630
HERMITAGE, TN 37076

Date: 3/8/2011
Patient No: [REDACTED]
Phone: (615) 391-3971
Federal ID: [REDACTED]

REDACTED

Diagnosis:

401.1 - HYPERTENSION BENIGN
250.02 - DM TYPE II UNCONTROLLED
530.11 - ESOPHAGITIS REFLUX
244.9 - HYPOTHYROIDISM UNSPECIFIED

ONEIDA V. LEECH

						Beginning Balance:	\$0.00
Date	Code	POS Description	Prov	Diag	Amount	Balance	Total
05/17/2010	99223	21 LEVEL III INITIAL HOSP.	RENTUZA	401.1	\$252.00	\$252.00	\$252.00
05/18/2010	99232	21 LEVEL II SUBSEQUENT HOSPITAL	RENTUZA	401.1	\$110.00	\$362.00	\$362.00
06/08/2010	14	PO PAY-MEDICARE#884994512	RENTUZA		(\$201.28)	\$160.72	\$160.72
06/08/2010	54	W1 W/O MEDICARE	RENTUZA		(\$110.40)	\$50.32	\$50.32
06/08/2010	COINS	PO COINSURANCE \$50.32	RENTUZA			\$50.32	\$50.32
06/25/2010	16	PO PAY- PPO 006763177 POMCO	RENTUZA		(\$50.32)	\$0.00	\$0.00
						Ending Balance:	\$0.00

RESP.	Current	31 - 60	61 - 90	over 90	Balance
Patient	0.00	0.00	0.00	0.00	0.00
Insurance	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00	0.00

RADIOLOGY ALLIANCE, P.C.
210 25TH AVENUE NORTH SUITE 602
NASHVILLE, TN 37203
(615)312-0600

Patient:

Acct #:

LEECH, ONEIDA VON

REDACTED

Responsible party:

LEECH, ONEIDA VON

Srv. Date	Proc. Code	Proc. Description	Charge	Balance	Physician
05/12/2010	73700	CT SCAN LOWER EXT. W/O CONT.	\$155.00	\$0.00	Gray, Scott D
Insurance Payment: 06/09/2010 of \$41.66			Adjustment: \$102.93		
Insurance Payment: 06/24/2010 of \$10.41					
05/14/2010	71020	CHEST 2 VIEWS PA & LATERAL	\$31.00	\$0.00	Goodin, Ellis L
Insurance Payment: 06/09/2010 of \$8.44			Adjustment: \$20.45		
Insurance Payment: 06/24/2010 of \$2.11					
05/17/2010	73500	HIP UNILATERAL SINGLE VIEW	\$25.00	\$0.00	Bartek, John B
Insurance Payment: 06/22/2010 of \$6.90			Adjustment: \$16.38		
Insurance Payment: 06/30/2010 of \$1.72					
05/17/2010	73530	HIP IN OPERATING ROOM	\$42.00	\$0.00	Bartek, John B
Insurance Payment: 06/22/2010 of \$11.72			Adjustment: \$27.35		
Insurance Payment: 06/30/2010 of \$2.93					

TOTAL BALANCE: \$0.00
Print Date: 03/04/2011

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Reproduced Friday, March 4, 2011 08:11:54 AM (lengle)
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Customer Statement Report
Date Range: 12/01/2009 to 01/13/2011

REDACTED

Patient: ONEIDA LEECH
Address:

Date of Birth:

Statement prepared at: KROGER PHARMACY 02400523
143 HENSLEE DR
DICKSON, TN 37065
Phone: 815-446-5222
NPI#:

Fill Date	RX #	Drug Name	NDC #	Qty	Days Supply	Prescriber Name	Insurer(s) 1st / 2nd	TP Auth #	Insurance Amount	Patient Resp	Total Amt
01/06/10	02400523-460856	Zolpidem Tartrate 5 Mg Tablet	56111047801	30	30	Stephens, Walter	Medicare D-Prescrip 24005231002454987		\$3.66	\$7.00	\$10.66
01/06/10	02400523-2303155	Oxycodone-Acetanilnophen	00405051201	30	10	Stephens, Walter	Medicare D-Prescrip 24005231002458542		\$0.00	\$3.78	\$3.78
01/08/10	02400523-6451332	Omeprazole Dr 20 Mg	62175011843	30	30	Stephens, Walter	Medicare D-Prescrip 24005231002454986		\$11.28	\$7.00	\$18.28
01/09/10	02400523-6417338	Pantoprazole Sod Dr 20 Mg	00008060601	60	60	Perrigin, Julie	Medicare D-Prescrip 24005231002465924		\$95.75	\$84.00	\$179.75
01/09/10	02400523-6406326	Polyethylene Glycol 3350	00574041205	527	30	Waser, Eldred	Medicare D-Prescrip 24005231002466838		\$19.02	\$7.00	\$26.02
01/12/10	02400523-6454585	Levolthyroxine 60 Mkg Tablet	00527134210	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002498504		\$0.00	\$4.00	\$4.00
02/08/10	02400523-6457920	Polymyxin B-Tmp Eye Drops	24208031510	10	30	Perrigin, Julie	Medicare D-Prescrip 24005231002542495		\$0.00	\$4.00	\$4.00
02/08/10	02400523-6457889	Allergunol 300 Mg Tablet	00378018101	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002542491		\$0.00	\$4.00	\$4.00
02/08/10	02400523-4809793	Zolpidem Tartrate 10 Mg	55111047901	30	60	Perrigin, Julie	Medicare D-Prescrip 24005231002542494		\$1.00	\$7.00	\$8.00
02/08/10	02400523-6457915	Glimepiride 4 Mg Tablet	55111032205	60	30	Perrigin, Julie	Medicare D-Prescrip 24005231002571766		\$19.02	\$7.00	\$26.02
02/08/10	02400523-6457901	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002571767		\$0.00	\$4.00	\$4.00
02/11/10	02400523-6458670	Doxycycline Hydate 60 Mg	00591553560	30	30	Mcclure, Daniel	Medicare D-Prescrip 24005231002542492		\$12.22	\$7.00	\$19.22
02/22/10	02400523-6406326	Polyethylene Glycol 3350	00574041205	527	30	Waser, Eldred	Medicare D-Prescrip 240052310025454521		\$0.00	\$3.16	\$3.16
02/22/10	02400523-6454665	Levolthyroxine 50 Mkg Tablet	00527134210	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002571766		\$19.02	\$7.00	\$26.02
02/23/10	02400523-6417339	Protonix Dr 20 Mg Tablet	00008084381	60	60	Perrigin, Julie	Medicare D-Prescrip 24005231002571767		\$0.00	\$4.00	\$4.00
03/08/10	02400523-6457899	Allopurinol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002571768		\$174.32	\$84.00	\$258.32
03/08/10	02400523-6458670	Doxycycline Hydate 60 Mg	00591553560	30	30	Mcclure, Daniel	Medicare D-Prescrip 24005231002590958		\$0.00	\$4.00	\$4.00
03/08/10	02400523-6457916	Glimepiride 4 Mg Tablet	55111032205	60	30	Perrigin, Julie	Medicare D-Prescrip 24005231002590957		\$0.00	\$3.16	\$3.16
03/08/10	02400523-6457901	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002590959		\$1.00	\$7.00	\$8.00
03/28/10	02400523-6406326	Polyethylene Glycol 3350	00574041205	527	30	Waser, Eldred	Medicare D-Prescrip 24005231002590960		\$1.75	\$7.00	\$8.75
03/28/10	02400523-6406326	Polyethylene Glycol 3350	00574041205	527	30	Waser, Eldred	Medicare D-Prescrip 24005231002638754		\$19.02	\$7.00	\$26.02

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Customer Statement Report

ONEIDA LEECH

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Fill Date	RX #	Drug Name	NDC #	Qty	Prescriber Name	Insurer(s) 1st / 2nd	TP Auth #	Insurance Amount	Patient Resp	Total Amt
03/29/10	02400523-6464666	Levodopa 500 Mg Tablet	00527134210	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002638753		\$0.00	\$4.00	\$4.00
03/30/10	02400523-6468040	Indomethacin Er 75 Mg	00185072001	180	90 Perrigin, Julie	Medicare D-Prescrip 24005231002643007		\$406.43	\$2.00	\$427.43
04/09/10	02400523-6441003	Diovan Hcl 320-12.5 Mg Tab	00078047134	90	90 Perrigin, Julie	Medicare D-Prescrip 24005231002670304		\$175.51	\$126.00	\$301.51
04/09/10	02400523-6457899	Allopurinol 300 Mg Tablet	00378018105	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002670301		\$0.00	\$4.00	\$4.00
04/09/10	02400523-6457915	Glimperide 4 Mg Tablet	55111032205	60	30 Perrigin, Julie	Medicare D-Prescrip 24005231002670302		\$1.00	\$7.00	\$8.00
04/09/10	02400523-6457901	Levostatin 40 Mg Tablet	00083092810	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002670303		\$1.75	\$7.00	\$8.75
04/28/10	02400523-6406326	Polyethylene Glycol 3350	00574041205	527	30 Wiser, Elfred	Medicare D-Prescrip 24005231002662550		\$19.02	\$7.00	\$26.02
05/03/10	02400523-6454585	Levodopa 500 Mg Tablet	00527134210	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002665169		\$0.00	\$4.00	\$4.00
05/03/10	02400523-6457899	Allopurinol 300 Mg Tablet	00378018105	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002685168		\$0.00	\$4.00	\$4.00
05/03/10	02400523-6457915	Glimperide 4 Mg Tablet	55111032201	60	30 Perrigin, Julie	Medicare D-Prescrip 24005231002685167		\$1.00	\$7.00	\$8.00
05/03/10	02400523-6457901	Levostatin 40 Mg Tablet	00083092806	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002695170		\$1.75	\$7.00	\$8.75
05/03/10	02400523-6417339	Protonix Dr 20 Mg Tablet	00008084381	80	60 Perrigin, Julie	Medicare D-Prescrip 24005231002695171		\$174.32	\$84.00	\$258.32
05/16/10	02400523-4813096	Hydrocodone-Acetaminophn	00603386721	100	12 Dimick, Robert	Medicare D-Prescrip 24005231002710281		\$11.55	\$7.00	\$18.55
06/16/10	02400523-6462750	Promethazine 25 Mg Tablet	68382004101	40	10 Perrigin, Julie	Medicare D-Prescrip 24005231002746425		\$0.00	\$5.00	\$5.00
06/16/10	02400523-6454665	Levodopa 500 Mg Tablet	00527134210	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002747974		\$0.00	\$4.00	\$4.00
06/16/10	02400523-6457899	Allopurinol 300 Mg Tablet	00378018105	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002747973		\$0.00	\$7.00	\$7.00
06/16/10	02400523-6457901	Levodopa 500 Mg Tablet	00527134210	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002750387		\$0.00	\$8.00	\$8.00
06/16/10	02400523-6457915	Glimperide 4 Mg Tablet	55111032206	60	30 Perrigin, Julie	Medicare D-Prescrip 24005231002750396		\$0.00	\$3.35	\$3.35
06/16/10	02400523-6483587	Polyethylene Glycol 3350	00574041205	527	30 Wiser, Elfred	Medicare D-Prescrip 24005231002750396		\$0.00	\$4.99	\$4.99
06/16/10	02400523-2305085	Oxydodone-Acetaminophan	00406061201	25	8 Wiser, Elfred	Medicare D-Prescrip 24005231002750396		\$0.00	\$4.99	\$4.99
07/01/10	02400523-6485737	Maximum D3 10,000 Units	66594099905	5	35 Perrigin, Julie	Medicare D-Prescrip 24005231002783143		\$181.49	\$126.00	\$307.49
07/21/10	02400523-6441003	Diovan Hcl 320-12.5 Mg Tab	00078047134	90	90 Perrigin, Julie	Medicare D-Prescrip 24005231002783144		\$0.00	\$4.00	\$4.00
07/21/10	02400523-6457915	Glimperide 4 Mg Tablet	55111032205	60	30 Perrigin, Julie	Medicare D-Prescrip 24005231002783142		\$0.00	\$4.00	\$4.00
07/21/10	02400523-6457899	Allopurinol 300 Mg Tablet	00378018105	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002783142		\$0.00	\$4.00	\$4.00
07/21/10	02400523-6454665	Levodopa 500 Mg Tablet	00527134210	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002783142		\$0.00	\$4.00	\$4.00
07/21/10	02400523-6457901	Levodopa 500 Mg Tablet	00527134210	30	30 Perrigin, Julie	Medicare D-Prescrip 24005231002783142		\$0.00	\$4.00	\$4.00
07/22/10	02400523-6469595	Protonix Dr 20 Mg Tablet	00008084381	3	3 Perrigin, Julie	Medicare D-Prescrip 24005231002785280		\$283.16	\$126.00	\$409.16
07/26/10	02400523-6469595	Protonix Dr 20 Mg Tablet	00008084381	87	87 Perrigin, Julie	Cash		\$0.00	\$4.99	\$4.99
08/09/10	02400523-6465737	Maximum D3 10,000 Units	66594099905	5	35 Perrigin, Julie					

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Customer Statement Report

ONEIDA LEICHER

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Fill Date	RX #	Drug Name	NDC #	Qty	Adm #	Prescriber Name	Insurer(s) 1st / 2nd	TP Auth #	Insurance Amount	Patient Resp	Total Amt
08/09/10	02400523-6492877	Polyethylene Glycol 3350	00574041205	527	30	Waser, Elfred	Medicare D-Prescrip 2400523100287228 Soln		\$19.02	\$7.00	\$26.02
08/10/10	02400623-6492918	Glimepiride 4 Mg Tablet	55111032205	60	30	Perrigin, Julie	Medicare D-Prescrip 2400523100287227 Soln		\$1.00	\$7.00	\$8.00
08/26/10	02400623-6496277	Allopurinol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002853290 Soln		\$0.00	\$4.00	\$4.00
08/26/10	02400623-6496278	Levothyroxine 50 Mmg Tablet	00527134210	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002853289 Soln		\$0.00	\$4.00	\$4.00
08/31/10	02400623-6497285	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002860489 Soln		\$1.75	\$7.00	\$8.75
08/15/10	02400523-6500372	Maximum D3 10,000 Units	66594099805	5	35	Perrigin, Julie	Medicare D-Prescrip 24005231002871305 Soln		\$0.00	\$4.99	\$4.99
09/15/10	02400523-6500374	Gabapentin 300 Mg Capsule	14560051204	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002871337 Soln		\$0.90	\$7.00	\$7.90
09/15/10	02400523-6500377	Furosemide 20 Mg Tablet	00378020810	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002871337 Soln		\$0.00	\$2.66	\$2.66
09/20/10	02400523-6492877	Polyethylene Glycol 3350	00574041205	527	30	Waser, Elfred	Medicare D-Prescrip 24005231002877698 Soln		\$19.02	\$7.00	\$26.02
08/20/10	02400523-6492918	Glimepiride 4 Mg Tablet	55111032205	60	30	Perrigin, Julie	Medicare D-Prescrip 24005231002877698 Soln		\$1.00	\$7.00	\$8.00
08/20/10	02400523-6496277	Allopurinol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002877696 Soln		\$0.00	\$4.00	\$4.00
09/23/10	02400523-6497285	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002877695 Soln		\$1.75	\$7.00	\$8.75
09/23/10	02400523-6602003	Metformin Hcl Er 500 Mg	00093726701	60	30	Perrigin, Julie	Medicare D-Prescrip 24005231002880283 Soln		\$0.00	\$4.00	\$4.00
08/28/10	02400523-6503063	Restasis 0.05% Eye Emulsion	00023916330	60	30	Boerman, Helen	Medicare D-Prescrip 24005231002892395 Soln		\$189.36	\$47.76	\$237.12
10/05/10	02400523-6496278	Levothyroxine 50 Mmg Tablet	00527134210	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002896630 Soln		\$0.00	\$4.00	\$4.00
10/06/10	02400523-6488040	Indomethacin Er 75 Mg	00185072001	90	45	Perrigin, Julie	Medicare D-Prescrip 24005231002896628 Soln		\$0.00	\$215.21	\$215.21
10/09/10	02400523-6500374	Gabapentin 300 Mg Capsule	14560051204	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002896627 Soln		\$0.00	\$7.90	\$7.90
10/11/10	02400523-6605876	Diovan Hcl 320-12.5 Mg Tab	00078047134	90	90	Perrigin, Julie	Medicare D-Prescrip 24005231002896629 Soln		\$0.00	\$7.90	\$7.90
10/25/10	02400523-4500372	Maximum D3 10,000 Units	66594099805	5	35	Perrigin, Julie	Cash		\$0.00	\$307.49	\$307.49
10/25/10	02400623-6496277	Allopurinol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002896627 Soln		\$0.00	\$4.00	\$4.00
10/25/10	02400523-6492918	Glimepiride 4 Mg Tablet	55111032205	60	30	Perrigin, Julie	Medicare D-Prescrip 24005231002896627 Soln		\$0.00	\$8.00	\$8.00
11/08/10	02400523-6500374	Gabapentin 300 Mg Capsule	14560051204	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231002896627 Soln		\$0.00	\$7.90	\$7.90
11/08/10	02400523-6498995	Protonix Dr 20 Mg Tablet	000090804381	90	90	Perrigin, Julie	Medicare D-Prescrip 24005231002896627 Soln		\$0.00	\$409.16	\$409.16
11/08/10	02400523-6502003	Metformin Hcl Er 500 Mg	00093726701	60	30	Perrigin, Julie	Medicare D-Prescrip 24005231003035632 Soln		\$0.00	\$4.00	\$4.00
11/08/10	02400523-6496276	Levothyroxine 50 Mmg Tablet	00527134210	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231003035630 Soln		\$0.00	\$4.00	\$4.00
11/08/10	02400523-6497285	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231003035629 Soln		\$0.00	\$8.75	\$8.75
11/17/10	02400523-6492918	Glimepiride 4 Mg Tablet	55111032205	60	30	Perrigin, Julie	Medicare D-Prescrip 24005231003035634 Soln		\$0.00	\$8.00	\$8.00
11/27/10	02400523-6496277	Allopurinol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231003035625 Soln		\$0.00	\$4.00	\$4.00

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02/07/2011 08:27

Customer Statement Report

ONEIDA LEECH

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Fill Date	RX #	Drug Name	NDC #	Qty	Days Supply	Prescriber Name	Insurer(s) 1st / 2nd	TP Auth #	Insurance Amount	Patient Resp	Total Amt
12/31/10	02400523-6500372	Maximum D3 10,000 Units	66594099906	5	35	Perrigin, Julie	Cash		\$0.00	\$4.99	\$4.99
12/31/10	02400523-6492877	Polyethylene Glycol 3350	00574041205	527	30	Waser, Elfred	Medicare D-Prescrip 24005231003119324		\$0.00	\$25.02	\$25.02
12/31/10	02400523-6496278	Levofloxacin 50 Mcg Tablet	00527134210	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231003119322		\$0.00	\$4.00	\$4.00
12/31/10	02400523-6497285	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231003119323		\$0.00	\$8.75	\$8.75
12/31/10	02400523-6492918	Glimpicide 4 Mg Tablet	55111032205	60	30	Perrigin, Julie	Medicare D-Prescrip 24005231003079626		\$0.00	\$8.00	\$8.00
12/31/10	02400523-6502003	Metformin Hcl Er 500 Mg	00093726701	60	30	Perrigin, Julie	Medicare D-Prescrip 24005231003119321		\$0.00	\$4.00	\$4.00
12/22/10	02400523-6521616	Nitroglycerin Mono-Micr 100	00185012201	20	10	Perrigin, Julie	Medicare D-Prescrip 24005231003125042		\$0.00	\$13.13	\$13.13
12/27/10	02400523-6500374	Gabapentin 300 Mg Capsule	14550051204	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231003101956		\$0.00	\$7.90	\$7.90
12/27/10	02400523-6496277	Allopurinol 300 Mg Tablet	00378018105	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231003101955		\$0.00	\$4.00	\$4.00
12/27/10	02400523-6522286	Diclofenac Sod Ec 50 Mg Tab	00781178701	15	5	Perrigin, Julie	Medicare D-Prescrip 24005231003132243		\$0.00	\$0.00	\$0.00
12/27/10	02400523-6522288	Metformin Hcl 1,000 Mg	65862001001	180	90	Perrigin, Julie	Medicare D-Prescrip 24005231003132245		\$0.00	\$10.00	\$10.00
12/28/10	02400523-6522286	Diclofenac Sod Ec 50 Mg Tab	00781178701	255	85	Perrigin, Julie	Medicare D-Prescrip 24005231003132254		\$0.00	\$88.09	\$88.09
01/10/11	02400523-6497285	Lovastatin 40 Mg Tablet	00093092810	30	30	Perrigin, Julie	Medicare D-Prescrip 2400523100314400:		\$1.75	\$7.00	\$8.75
01/10/11	02400523-6505876	Diovan Hcl 320-12.5 Mg Tab	00078047134	90	90	Perrigin, Julie	Medicare D-Prescrip 24005231003143989		\$199.63	\$132.00	\$331.63
01/10/11	02400523-6496278	Levofloxacin 50 Mcg Tablet	00527134210	30	30	Perrigin, Julie	Medicare D-Prescrip 24005231003144080		\$0.00	\$2.00	\$2.00
01/10/11	02400523-6500372	Maximum D3 10,000 Units	66594099906	5	35	Perrigin, Julie	Cash		\$0.00	\$4.99	\$4.99

Totals: Number of Prescriptions 91 Insurance Amount \$ 2,069.72

Patient Responsibility \$ 2,308.66 Total Amount \$ 4,378.38

Pharmacist Signature: _____

Disclaimer: "May not reflect all prescription records and may include prescriptions filled at multiple pharmacies."
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02/07/2011 08:27

Account Detail Listing

Practice corp: ANESTHESIA MEDICAL GROUP PC

Guarantor: ONEIDA LEECH

110 29TH AVENUE NORTH STE 202 NASHVILLE, TN 37203-

615-327-4304 Ext:

REDACTED

Account # :

Date	TranCode	Qty	Description	Patient	Amount	Balance
05/17/2010	SVCFE*	1	27245 / 01230 QZ Treat thigh fracture	LEECH, ONEIDA *Images*	2737.50	
09/28/2010	REBILL		Claim # 293505(P 11605) to MCAR / CAHABA		0.00	
09/28/2010	IPYMT		From Suspense Check # 884998912 61010 (4136)		-178.79	
09/28/2010	IPYMT		From Suspense Check # 06838562 (4712) from		-44.70	
09/28/2010	IPYMT		From Suspense Check # 884998913 6 10 (4137) from		-178.79	
09/28/2010	IPYMT		From Suspense Check # 06838562 (4712) from		-44.70	
11/05/2010	RVPMT		Rescinded payment Check # 883240263 110410		178.79	
11/11/2010	RVPMT		Rescinded payment Check # 883254353 110910		178.79	
11/11/2010	IPYMT		Check # 883254353 110910 (6001) from MEDICARE		-357.58	
	CWOFF		Contractual write off		-2290.52	
	COINS		Coinsurance 89.40		0.00	
			Balance -11/11/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	27245 / 01230 Treat thigh fracture	LEECH, ONEIDA *Images*	1396.13	
05/26/2010	CLAIM		Claim # 216566(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998912 61010 (4136) from MEDICARE		-178.79	
	CWOFF		Contractual write off		-1172.64	
	MA18		The claim information is also being forwarded to t		0.00	
	COINS		Coinsurance 44.70		0.00	
06/14/2010	CLAIM		Cancelled Claim # 228944(P 9126) to COMM /		0.00	
08/04/2010	IPYMT		Check # 06838562 (4712) from POMCO GROUP		-44.70	
09/28/2010	RVPMT		Returned to suspense Check # 884998912 61010		178.79	
	RVCWO		Contractual write off Returned to suspense		1172.64	
	MA18		The claim information is also being forwarded to t		0.00	
09/28/2010	RVPMT		Returned to suspense Check # 06838562 (4712) from		44.70	
09/28/2010	RVFEE		PTCOR Charge posting correction		-1396.13	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	27245 / 01230 Treat thigh fracture	LEECH, ONEIDA *Images*	1341.38	
05/26/2010	CLAIM		Claim # 216567(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998913 6 10 (4137) from MEDICARE		-178.79	
	CWOFF		Contractual write off		-1117.89	
	MA18		The claim information is also being forwarded to t		0.00	
	COINS		Coinsurance 44.70		0.00	
06/14/2010	CLAIM		Cancelled Claim # 228945(P 9126) to COMM /		0.00	
08/04/2010	IPYMT		Check # 06838562 (4712) from POMCO GROUP		-44.70	
09/28/2010	RVPMT		Returned to suspense Check # 884998913 6 10		178.79	
	RVCWO		Contractual write off Returned to suspense		1117.89	
	MA18		The claim information is also being forwarded to t		0.00	
09/28/2010	RVPMT		Returned to suspense Check # 06838562 (4712) from		44.70	
09/28/2010	RVFEE		PTCOR Charge posting correction		-1341.38	
			Balance -09/28/2010- Guarantor			0.00
11/17/2010	SVCFE~	1	20680 / 01230 Removal of support implant	LEECH, ONEIDA *Images*	0.00	
			Balance -05/26/2010- Guarantor			0.00
11/17/2010	SVCFE	1	20680 / 01230 Removal of support implant	LEECH, ONEIDA *Images*	0.00	
			Balance -10/06/2010- Guarantor			0.00
11/17/2010	SVCFE~	1	4048F Doc antibio given b/4 surg	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216566(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998912 61010 (4136) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	

Account Detail Listing

Practice cop: ANESTHESIA MEDICAL GROUP PC

Guarantor: ONEIDA LEECH

110 29TH AVENUE NORTH STE 202 NASHVILLE, TN 37203-

615-327-4304 Ext:

REDACTED

Account #:

Date	TranCode	Qty	Description	Patient	Amount	Balance
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4250F Wrmng 4 surg - normothermia	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216566(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998912 61010 (4136) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4255F Anesth >= 60 min as docd	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216566(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998912 61010 (4136) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4048F Doc antibio given b/4 surg	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216567(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998913 6 10 (4137) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4250F Wrmng 4 surg - normothermia	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216567(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998913 6 10 (4137) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE~	1	4255F Anesth >= 60 min as docd	LEECH, ONEIDA *Images*	0.01	
05/26/2010	CLAIM		Claim # 216567(E 8775) to MCAR / CAHABA		0.00	
06/11/2010	IPYMT		Check # 884998913 6 10 (4137) from MEDICARE		0.00	
	96		Non-covered charge(s).		0.00	
	MADJN		MCWO Medicare Write Off		-0.01	
09/28/2010	MADJP		REVER Contract Writeoff reversal		0.01	
09/28/2010	RVFEE		PTCOR Charge posting correction		-0.01	
			Balance -09/28/2010- Guarantor			0.00
5/17/2010	SVCFE	1	4048F Doc antibio given b/4 surg	LEECH, ONEIDA *Images*	0.01	
09/28/2010	REBILL		Claim # 293505(P 11605) to MCAR / CAHABA		0.00	
09/28/2010	CLAIM		Claim # 294109(E 11629) to MCAR / CAHABA		0.00	
11/11/2010	IPYMT		Check # 883254353 110910 (6001) from MEDICARE		0.00	
	CWOFF		Contractual write off		-0.01	
	96		Non-covered charge(s).		0.00	

Account Detail Listing

Practice corp: ANESTHESIA MEDICAL GROUP PC

Guarantor: ONEIDA LEECH

110 29TH AVENUE NORTH STE 202 NASHVILLE, TN 37203-

615-327-4304 Ext:

REDACTED

				Account #.		
Date	TranCode	Qty	Description	Patient	Amount	Balance
Balance -10/06/2010- Guarantor						0.00
5/17/2010	SVCFE	1	4250F Wrmng 4 surg - normothermia	LEECH, ONEIDA *Images*	0.01	
09/28/2010	REBILL		Claim # 293505(P 11605) to MCAR / CAHABA		0.00	
09/28/2010	CLAIM		Claim # 294109(E 11629) to MCAR / CAHABA		0.00	
11/11/2010	IPYMT		Check # 883254353 110910 (6001) from MEDICARE		0.00	
	CWOFF		Contractual write off		-0.01	
	96		Non-covered charge(s).		0.00	
Balance -10/06/2010- Guarantor						0.00
5/17/2010	SVCFE	1	4255F Anesth >= 60 min as docd	LEECH, ONEIDA *Images*	0.01	
09/28/2010	REBILL		Claim # 293505(P 11605) to MCAR / CAHABA		0.00	
09/28/2010	CLAIM		Claim # 294109(E 11629) to MCAR / CAHABA		0.00	
11/11/2010	IPYMT		Check # 883254353 110910 (6001) from MEDICARE		0.00	
	CWOFF		Contractual write off		-0.01	
	96		Non-covered charge(s).		0.00	
Balance -10/06/2010- Guarantor						0.00

PREMIER ORTHOPAEDICS & SPORTS MEDICINE
PO BOX 306073
NASHVILLE, TN 37230-6073
615-366-8890

Printed 12:12:00 11 JAN 2011

By: 46 PO.AR DBALCH

TaxID#:

ONEIDA VON LEECH

REDACTED

###. Date.... Code..... Descript DrFcl. Dx.... Original..... Batch.... Ref....
ONEIDA VON LEECH *Closed*
1 12/18/09 99221-57 INITIAL 30.39 820.21 130.00 SU122209A 1C2.1
11 01/18/10 39 MCR PYMN 30.39 -69.32 MC8848186 r884818
12 01/18/10 39.1 [45] MCR 30.39 -43.35 MC8848186 r884818
13 01/18/10 17 [2] \$17. 30.39 0.00 MC8848186 r884818
18 01/29/10 41 SECONDAR 30.39 -17.33 9012910 0645469
Balance: 0.00

Primary: -86.65 Secondary: 0.00 Personal: 0.00 Adjustments: -43.35
12/29/09 insur ECS-CAHA 1068708
01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*
2 12/19/09 27244 OPEN TRE 30.39 820.21 6020.00 SU122209A 1C2.2
14 01/18/10 39 MCR PYMN 30.39 -849.00 MC8848186 r884818
15 01/18/10 39.1 [45] MCR 30.39 -4958.75 MC8848186 r884818
16 01/18/10 17 [2] \$212 30.39 0.00 MC8848186 r884818
19 01/29/10 41 SECONDAR 30.39 -212.25 9012910 0645469
Balance: 0.00

Primary: -1061.25 Secondary: 0.00 Personal: 0.00 Adjustments: -4958.75
12/29/09 insur ECS-CAHA 1068708
01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*
3 12/19/09 4048F PQRI - D 30.39 820.21 0.00 SU122209A 1C2.3
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
12/29/09 insur ECS-CAHA 1068708
01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*
4 12/19/09 4041F PQRI - D 30.39 820.21 0.00 SU122209A 1C2.4
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
12/29/09 insur ECS-CAHA 1068708
01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*
5 12/19/09 4049F PQRI - D 30.39 820.21 0.00 SU122209A 1C2.5
Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
12/29/09 insur ECS-CAHA 1068708

###. Date.... Code..... Descript DrFcl. Dx.... Original..... Batch.... Ref....
 01/20/10 insur POMCOGRO

ONEIDA VON LEECH *Closed*
 6 12/19/09 4044F PQRI - D 30.39 820.21 0.00 SU122209A 1C2.6
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 12/29/09 insur ECS-CAHA 1068708
 01/20/10 insur POMCOGRO 1068708

ONEIDA VON LEECH *Closed*
 8 01/13/10 73510 RADIOLOG 30.39 719.46 91.00 SU011310P 1C3.1
 20 02/09/10 39 MCR PYMN 30.39 -5.56 MC8848400 r884840
 21 02/09/10 39.1 MCR ADJ 30.39 -58.87 MC8848400 r884840
 22 02/09/10 10 [1] \$25. 30.39 0.00 MC8848400 r884840
 23 02/09/10 17 [2] \$1.3 30.39 0.00 MC8848400 r884840
 28 03/15/10 41 SECONDAR 30.39 -1.39 28031510T 6533234
 29 03/15/10 3 BALANCE 30.39 0.00 28031510T 6533234
 34 04/02/10 LTR2 INS. PAI 30.39 0.00 LTR040210 1722279
 43 05/06/10 LTR9 HAVE NOT 30.39 0.00 LTR050610 1742736
 79 05/17/10 42.1 CBO PERS 30.39 -25.18 22051710 1422.1*
 Balance: 0.00

Primary: -6.95 Secondary: 0.00 Personal: -25.18 Adjustments: -58.87
 01/19/10 insur ECS-CAHA 1076246
 02/10/10 insur POMCOGRO 1076246

ONEIDA VON LEECH *Closed*
 9 01/13/10 99024 POSTOPER 30.39 719.46 0.00 SU011310P 1C3.2
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 01/19/10 insur ECS-CAHA 1076246
 02/10/10 insur POMCOGRO 1076246

ONEIDA VON LEECH *Closed*
 25 02/25/10 73510 RADIOLOG 30.39 820.21 91.00 SU022510P 1C4.1
 30 03/29/10 39 MCR PYMN 30.39 -25.70 MC8848937 r884893
 31 03/29/10 39.1 MCR ADJ 30.39 -58.87 MC8848937 r884893
 32 03/29/10 17 [2] \$6.4 30.39 0.00 MC8848937 r884893
 35 04/02/10 41 SECONDAR 30.39 -6.43 24040210A 0657489
 Balance: 0.00

Primary: -32.13 Secondary: 0.00 Personal: 0.00 Adjustments: -58.87
 03/05/10 insur ECS-CAHA 1090971
 03/30/10 insur POMCOGRO 1090971

ONEIDA VON LEECH *Closed*
 26 02/25/10 99024 POSTOPER 30.39 820.21 0.00 SU022510P 1C4.2
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 03/05/10 insur ECS-CAHA 1090971
 03/30/10 insur POMCOGRO 1090971

ONEIDA VON LEECH *Closed*
 37 04/22/10 99213 OFFICE O 30.39 715.16 110.00 SU042210P 1C5.1
 44 05/14/10 39 MCR PYMN 30.39 -48.79 MC8849612 r884961

REDACTED

###	Date....	Code.....	Descript	DrFcl.	Dx....	Original.....	Batch....	Ref....
45	05/14/10	39.1	[45] MCR	30.39		-49.01	MC8849612	r884961
46	05/14/10	17	[2] \$12.	30.39		0.00	MC8849612	r884961
115	07/14/10	41	SECONDAR	30.39		-12.20	9071410	0679326
			Balance:			0.00		

Primary: -60.99 Secondary: 0.00 Personal: 0.00 Adjustments: -49.01
04/26/10 insur ECS-CAHA 1110294
05/17/10 insur POMCOGRO 1110294

ONEIDA VON LEECH *Closed*
38 04/22/10 73510 RADIOLOG 30.39 719.45 91.00 SU042210P 1C5.2
47 05/14/10 39 MCR PYMN 30.39 -25.70 MC8849612 r884961
48 05/14/10 39.1 MCR ADJ 30.39 -58.87 MC8849612 r884961
49 05/14/10 17 [2] \$6.4 30.39 0.00 MC8849612 r884961
116 07/14/10 41 SECONDAR 30.39 -6.43 9071410 0679326
Balance: 0.00

Primary: -32.13 Secondary: 0.00 Personal: 0.00 Adjustments: -58.87
04/26/10 insur ECS-CAHA 1110294
05/17/10 insur POMCOGRO 1110294

ONEIDA VON LEECH *Closed*
39 04/22/10 73560-RT RADIOLOG 30.39 715.16 79.00 SU042210P 1C5.3
50 05/14/10 39 MCR PYMN 30.39 -20.21 MC8849612 r884961
51 05/14/10 39.1 MCR ADJ 30.39 -53.74 MC8849612 r884961
52 05/14/10 17 [2] \$5.0 30.39 0.00 MC8849612 r884961
117 07/14/10 41 SECONDAR 30.39 -5.05 9071410 0679326
Balance: 0.00

Primary: -25.26 Secondary: 0.00 Personal: 0.00 Adjustments: -53.74
04/26/10 insur ECS-CAHA 1110294
05/17/10 insur POMCOGRO 1110294

ONEIDA VON LEECH *Closed*
40 04/22/10 73560-LT RADIOLOG 30.39 715.16 79.00 SU042210P 1C5.4
53 05/14/10 39 MCR PYMN 30.39 -20.21 MC8849612 r884961
54 05/14/10 39.1 MCR ADJ 30.39 -53.74 MC8849612 r884961
55 05/14/10 17 [2] \$5.0 30.39 0.00 MC8849612 r884961
118 07/14/10 41 SECONDAR 30.39 -5.05 9071410 0679326
Balance: 0.00

Primary: -25.26 Secondary: 0.00 Personal: 0.00 Adjustments: -53.74
04/26/10 insur ECS-CAHA 1110294
05/17/10 insur POMCOGRO 1110294

ONEIDA VON LEECH *Closed*
41 04/22/10 73565-59 RADIOLOG 30.39 715.16 76.00 SU042210P 1C5.5
56 05/14/10 39 MCR PYMN 30.39 -22.01 MC8849612 r884961
57 05/14/10 39.1 MCR ADJ 30.39 -48.49 MC8849612 r884961
58 05/14/10 17 [2] \$5.5 30.39 0.00 MC8849612 r884961
119 07/14/10 41 SECONDAR 30.39 -5.50 9071410 0679326
Balance: 0.00

Primary: -27.51 Secondary: 0.00 Personal: 0.00 Adjustments: -48.49
04/26/10 insur ECS-CAHA 1110294
05/17/10 insur POMCOGRO 1110294

ONEIDA VON LEECH *Closed*

REDACTED

###	Date....	Code.....	Descript	DrFcl.	Dx....	Original.....	Batch....	Ref....
60	05/12/10	99213	OFFICE O	30.39	719.45	110.00	SU051210P	1C6.1
80	06/04/10	39	MCR PYMN	30.39		-48.79	MC8849891	r884989
81	06/04/10	39.1	[45] MCR	30.39		-49.01	MC8849891	r884989
82	06/04/10	17	[2] \$12.	30.39		0.00	MC8849891	r884989
111	06/21/10	41	SECONDAR	30.39		-12.20	29062110T	6746188
			Balance:			0.00		

Primary: -60.99 Secondary: 0.00 Personal: 0.00 Adjustments: -49.01
 05/19/10 insur ECS-CAHA 1119589
 06/07/10 insur POMCOGRO 1119589

 ONEIDA VON LEECH *Closed*

61	05/12/10	73510-LT	RADIOLOG	30.39	719.45	91.00	SU051210P	1C6.2
83	06/04/10	39	MCR PYMN	30.39		-25.70	MC8849891	r884989
84	06/04/10	39.1	MCR ADJ	30.39		-58.87	MC8849891	r884989
85	06/04/10	17	[2] \$6.4	30.39		0.00	MC8849891	r884989
112	06/21/10	41	SECONDAR	30.39		-6.43	29062110T	6746188
			Balance:			0.00		

Primary: -32.13 Secondary: 0.00 Personal: 0.00 Adjustments: -58.87
 05/19/10 insur ECS-CAHA 1119589
 06/07/10 insur POMCOGRO 1119589

 ONEIDA VON LEECH *Closed*

63	05/17/10	27245-22	OPEN TRE	2.39	733.82	7543.00	SU051810A	1C7.1
87	06/07/10	39	MCR PYMN	2.39		-866.92	MC8849915	r884991
88	06/07/10	39.1	[45] MCR	2.39		-6459.35	MC8849915	r884991
89	06/07/10	17	[2] \$216	2.39		0.00	MC8849915	r884991
113	06/25/10	41	SECONDAR	2.39		-216.73	9062510	0676254
			Balance:			0.00		

Primary: -1083.65 Secondary: 0.00 Personal: 0.00 Adjustments: -6459.35
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

 ONEIDA VON LEECH *Closed*

64	05/17/10	20680-51	REMOVAL	2.39	733.82	2492.00	SU051810A	1C7.2
90	06/07/10	39	MCR PYMN	2.39		0.00	MC8849915	r884991
91	06/07/10	16.11	[16] \$2,	2.39		0.00	MC8849915	r884991
133	08/04/10	27.4	INCLUDED	2.39		-2492.00	72080410	1798924
			Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -2492.00
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

 ONEIDA VON LEECH *Closed*

65	05/17/10	76000-26	FLUOROSC	2.39	733.82	161.00	SU051810A	1C7.3
92	06/07/10	39	MCR PYMN	2.39		0.00	MC8849915	r884991
93	06/07/10	16.11	[16] \$16	2.39		0.00	MC8849915	r884991
120	07/15/10	27.4	INCLUDED	2.39		-161.00	72071510	1786514
			Balance:			0.00		

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: -161.00
 05/20/10 insur ECS-CAHA 1120155
 06/08/10 insur POMCOGRO 1120155

 ONEIDA VON LEECH *Closed*

REDACTED

###	Date....	Code.....	Descript	DrFcl.	Dx....	Original.....	Batch....	Ref....
66	05/17/10	4041F	PQRI - D	2.39	733.82	0.00	SU051810A	1C7.4
94	06/07/10	39	MCR PYMN	2.39		0.00	MC8849915	r884991
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	0.00	
	05/20/10	insur	ECS-CAHA					1120155
	06/08/10	insur	POMCOGRO					1120155

		ONEIDA VON LEECH				*Closed*		
67	05/17/10	4044F	PQRI - D	2.39	733.82	0.00	SU051810A	1C7.5
95	06/07/10	39	MCR PYMN	2.39		0.00	MC8849915	r884991
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	0.00	
	05/20/10	insur	ECS-CAHA					1120155
	06/08/10	insur	POMCOGRO					1120155

		ONEIDA VON LEECH				*Closed*		
68	05/17/10	4047F	PQRI - D	2.39	733.82	0.00	SU051810A	1C7.6
96	06/07/10	39	MCR PYMN	2.39		0.00	MC8849915	r884991
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	0.00	
	05/20/10	insur	ECS-CAHA					1120155
	06/08/10	insur	POMCOGRO					1120155

		ONEIDA VON LEECH				*Closed*		
69	05/17/10	4049F	PQRI - D	2.39	733.82	0.00	SU051810A	1C7.7
97	06/07/10	39	MCR PYMN	2.39		0.00	MC8849915	r884991
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	0.00	
	05/20/10	insur	ECS-CAHA					1120155
	06/08/10	insur	POMCOGRO					1120155

		ONEIDA VON LEECH				*Closed*		
70	05/17/10	27245-22-80	OPEN TRE	30.39	733.82	7793.00	SU051810A	1C8.1
99	06/08/10	39	MCR PYMN	30.39		-143.82	MC8849931	r884993
100	06/08/10	39.1	[45] MCR	30.39		-7613.23	MC8849931	r884993
101	06/08/10	17	[2] \$35.	30.39		0.00	MC8849931	r884993
114	06/25/10	41	SECONDAR	30.39		-35.95	9062510	0676254
			Balance:			0.00		

Primary:	-179.77	Secondary:	0.00	Personal:	0.00	Adjustments:	-7613.23	
	05/20/10	insur	ECS-CAHA					1120156
	06/09/10	insur	POMCOGRO					1120156

		ONEIDA VON LEECH				*Closed*		
71	05/17/10	20680-80	REMOVAL	30.39	733.82	2492.00	SU051810A	1C8.2
102	06/08/10	16.11	[16] \$2,	30.39		0.00	MC8849931	r884993
135	08/16/10	27.4	INCLUDED	30.39		-2492.00	89081610	1806013
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	-2492.00	
	05/20/10	insur	ECS-CAHA					1120156
	06/09/10	insur	POMCOGRO					1120156

		ONEIDA VON LEECH				*Closed*		
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###	Date....	Code.....	Descript	DrFcl.	Dx....	Original.....	Batch....	Ref....
72	05/17/10	4041F	PQRI - D	30.39	733.82	0.00	SU051810A	1C8.3
103	06/08/10	39	MCR PYMN	30.39		0.00	MC8849931	r884993
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	0.00	
	05/20/10	insur	ECS-CAHA					1120156
	06/09/10	insur	POMCOGRO					1120156

		ONEIDA VON LEECH				*Closed*		
73	05/17/10	4044F	PQRI - D	30.39	733.82	0.00	SU051810A	1C8.4
104	06/08/10	39	MCR PYMN	30.39		0.00	MC8849931	r884993
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	0.00	
	05/20/10	insur	ECS-CAHA					1120156
	06/09/10	insur	POMCOGRO					1120156

		ONEIDA VON LEECH				*Closed*		
74	05/17/10	4047F	PQRI - D	30.39	733.82	0.00	SU051810A	1C8.5
105	06/08/10	39	MCR PYMN	30.39		0.00	MC8849931	r884993
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	0.00	
	05/20/10	insur	ECS-CAHA					1120156
	06/09/10	insur	POMCOGRO					1120156

		ONEIDA VON LEECH				*Closed*		
75	05/17/10	4049F	PQRI - D	30.39	733.82	0.00	SU051810A	1C8.6
106	06/08/10	39	MCR PYMN	30.39		0.00	MC8849931	r884993
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	0.00	
	05/20/10	insur	ECS-CAHA					1120156
	06/09/10	insur	POMCOGRO					1120156

		ONEIDA VON LEECH				*Closed*		
108	06/11/10	73510	RADIOLOG	30.39	719.41	91.00	SU061110P	1C9.1
124	07/20/10	39	MCR PYMN	30.39		-27.64	MC8850434	r885043
125	07/20/10	39.1	[121] \$5	30.39		-56.45	MC8850434	r885043
126	07/20/10	17	[2] \$6.9	30.39		0.00	MC8850434	r885043
132	07/30/10	41	SECONDAR	30.39		-6.91	6073010	0683857
			Balance:			0.00		

Primary:	-34.55	Secondary:	0.00	Personal:	0.00	Adjustments:	-56.45	
	06/18/10	insur	ECS-CAHA					1130376
	07/23/10	insur	POMCOGRO					1130376

		ONEIDA VON LEECH				*Closed*		
109	06/11/10	99024	POSTOPER	30.39	719.41	0.00	SU061110P	1C9.2
			Balance:			0.00		

Primary:	0.00	Secondary:	0.00	Personal:	0.00	Adjustments:	0.00	
	06/18/10	insur	ECS-CAHA					1130376
	07/23/10	insur	POMCOGRO					1130376

		ONEIDA VON LEECH				*Closed*		
121	07/15/10	73550	RADIOLOG	30.39	719.45	86.00	SU071510P	1C10.1
128	07/30/10	39	MCR PYMN	30.39		-20.89	MC8850646	r885064

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###	Date....	Code.....	Descript	DrFcl.	Dx....	Original.....	Batch....	Ref....
129	07/30/10	39.1	[121] MC	30.39		-59.89	MC8850646	r885064
130	07/30/10	17	[2] \$5.2	30.39		0.00	MC8850646	r885064
134	08/13/10	41	SECONDAR	30.39		-5.22	7081310	0687183
			Balance:			0.00		

Primary: -26.11 Secondary: 0.00 Personal: 0.00 Adjustments: -59.89
 07/19/10 insur ECS-CAHA 1142172
 08/02/10 insur POMCOGRO 1142172

 ONEIDA VON LEECH *Closed*
 122 07/15/10 99024 POSTOPER 30.39 719.45 0.00 SU071510P 1C10.2
 Balance: 0.00

Primary: 0.00 Secondary: 0.00 Personal: 0.00 Adjustments: 0.00
 07/19/10 insur ECS-CAHA 1142172
 08/02/10 insur POMCOGRO 1142172

 ONEIDA VON LEECH *Closed*
 136 08/19/10 99213 OFFICE O 30.39 726.5 110.00 SU081910P 1C11.1
 141 09/20/10 39 MCR PYMN 30.39 -51.54 MC8830340 r883034
 142 09/20/10 39.1 [45] MCR 30.39 -45.58 MC8830340 r883034
 143 09/20/10 17 [2] \$12. 30.39 0.00 MC8830340 r883034
 154 10/01/10 41 SECONDAR 30.39 -12.88 7100110 6978104
 Balance: 0.00

Primary: -64.42 Secondary: 0.00 Personal: 0.00 Adjustments: -45.58
 08/27/10 insur ECS-CAHA 1157834
 09/21/10 insur POMCOGRO 1157834

 VON LEECH *Closed*
 137 08/19/10 73510 RADIOLOG 30.39 726.5 91.00 SU081910P 1C11.2
 144 09/20/10 39 MCR PYMN 30.39 -27.64 MC8830340 r883034
 145 09/20/10 39.1 [121] MC 30.39 -56.45 MC8830340 r883034
 146 09/20/10 17 [2] \$6.9 30.39 0.00 MC8830340 r883034
 155 10/01/10 41 SECONDAR 30.39 -6.91 7100110 6978104
 Balance: 0.00

Primary: -34.55 Secondary: 0.00 Personal: 0.00 Adjustments: -56.45
 08/27/10 insur ECS-CAHA 1157834
 09/21/10 insur POMCOGRO 1157834

 ONEIDA VON LEECH *Closed*
 138 08/19/10 73560 RADIOLOG 30.39 715.16 79.00 SU081910P 1C11.3
 147 09/20/10 39 MCR PYMN 30.39 -21.72 MC8830340 r883034
 148 09/20/10 39.1 [121] MC 30.39 -51.85 MC8830340 r883034
 149 09/20/10 17 [2] \$5.4 30.39 0.00 MC8830340 r883034
 156 10/01/10 41 SECONDAR 30.39 -5.43 7100110 6978104
 Balance: 0.00

Primary: -27.15 Secondary: 0.00 Personal: 0.00 Adjustments: -51.85
 08/27/10 insur ECS-CAHA 1157834
 09/21/10 insur POMCOGRO 1157834

 ONEIDA VON LEECH *Closed*
 139 08/19/10 73565-59 RADIOLOG 30.39 715.16 76.00 SU081910P 1C11.4
 150 09/20/10 39 MCR PYMN 30.39 -23.67 MC8830340 r883034
 151 09/20/10 39.1 [121] MC 30.39 -46.41 MC8830340 r883034
 152 09/20/10 17 [2] \$5.9 30.39 0.00 MC8830340 r883034

REDACTED

###	Date....	Code.....	Descript	DrFcl.	Dx....	Original.....	Batch....	Ref.....
157	10/01/10	41	SECONDAR	30.39		-5.92	7100110	6978104
			Balance:			0.00		

Primary:	-29.59	Secondary:	0.00	Personal:	0.00	Adjustments:	-46.41
	08/27/10	insur	ECS-CAHA				1157834
	09/21/10	insur	POMCOGRO				1157834

Statements for ONEIDA VON LEECH						*Closed*	
36	04/15/10	98.1	STMT SEN		0.00		stmt
76	05/20/10	98.1	STMT SEN		0.00		stmt

TOTAL : 0.00

PATIENT NO:	HORIZON MEDICAL CENTER	BILLING DATE	PAGE 1
ED REC NO:	111 SHWAY 70 EAST	06/03/10	
GUARANTOR NO:			
PATIENT:	DICKSON, TN 37055	ADMITTED	DISCHARGED
LEECH ONEIDA VON		05/19/10	05/29/10

REDACTED

ILL TO:		
LEECH ONEIDA VON	INPATIENT	FC=02
	ADMIT THRU DISCHARGE CLAIM	

DATE OF SERVICE	ATT	FC ROOM	AC CODE	SERV CODE	REV CODE	DEPT	ROOM AND CARE	CHARGES
5/19/10	4634	02 RC12A	RP	REHB	118	0693	10 DAYS AT 741.00	7,410.00
							TOTAL ROOM AND CARE	7,410.00

DATE OF SERVICE	BATCH REF	F	DEPT	S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
250-PHARMACY									
51910	19B972	0712			250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52010	20B065	0712			251374	51079074120	1	WYGESIC TABLET	6.00
52010	20B065	0712			250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52010	20B041	0712			251374	51079074120	1	WYGESIC TABLET	6.00
52010	20B010	0712			250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52110	21B150	0712			251374	51079074120	1	WYGESIC TABLET	6.00
52110	21B150	0712			250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52110	21B101	0712			251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
52110	21B101	0712			250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52110	21B101	0712			251374	51079074120	1	WYGESIC TABLET	6.00
52210	22B178	0712			251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
52210	22B178	0712			250662	75062430	1	LOVENOX 30 MG SYRINGE	94.75
52310	23B244	0712			251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75
53310	23B375	0713			251374	51079074120	1	WYGESIC TABLET	6.00
52310	23B244	0712			251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
52410	24B320	0712			251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75
52410	24B371	0712			250112	904530661	2	BENADRYL 25MG CAP	6.50
52410	24B320	0712			251791	52268080003	1	MIRALAX 17 GM DOSE	19.25
52410	24B367	0712			250112	904530661	2	BENADRYL 25MG CAP	6.50
52410	24B377	0712			251374	51079074120	1	WYGESIC TABLET	6.00
52410	24B320	0712			251374	51079074120	1	WYGESIC TABLET	6.00
52510	25B414	0712			251823	J1650	1	LOVENOX 40MG/0.4ML SYR	110.75

SURANCE BENEFITS ASSIGNED TO HORIZON
DICAL CENTER.

IENT NO:
D REC NO:
ARANTOR NO:
IENT:
ECH ONEIDA VON

HORIZON MEDICAL CENTER
111 HWAY 70 EAST

BILLING DATE PAGE 2
06/03/10

DICKSON, TN 37055

ADMITTED DISCHARGED
05/19/10 05/29/10

REDACTED

TE OF BATCH	F	NDC/CPT-4/			
RVICE REF	DEPT S PROC	HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
2510 25B452	0712	251374	51079074120	1 WYGESIC TABLET	6.00
2510 25B414	0712	251791	52268080003	1 MIRALAX 17 GM DOSE	19.25
2610 26B495	0712	251823	J1650	1 LOVENOX 40MG/0.4ML SYR	110.75
2610 26B553	0712	251374	51079074120	1 WYGESIC TABLET	6.00
2610 26B495	0712	251791	52268080003	1 MIRALAX 17 GM DOSE	19.25
2710 27B588	0712	251823	J1650	1 LOVENOX 40MG/0.4ML SYR	110.75
2710 27B630	0712	251374	51079074120	1 WYGESIC TABLET	6.00
2810 28B676	0712	251823	J1650	1 LOVENOX 40MG/0.4ML SYR	110.75
2810 28B676	0712	251791	52268080003	1 MIRALAX 17 GM DOSE	19.25
2910 29B754	0712	251823	J1650	1 LOVENOX 40MG/0.4ML SYR	110.75
2910 29B754	0712	251791	52268080003	1 MIRALAX 17 GM DOSE	19.25
SUBTOTAL:					1557.75
270-MED-SURG SUPPLIES					
3010 20B040	0718	010683		1 BANDAGE AIR 18 X 18.25	43.00
3010 20B040	0718	010685		1 BANDAGE AIR 26 X 8.25	33.75
3110 21B128	0718	010683		1 BANDAGE AIR 18 X 18.25	43.00
3110 21B128	0718	010685		1 BANDAGE AIR 26 X 8.25	33.75
3210 22B197	0718	010685		1 BANDAGE AIR 26 X 8.25	33.75
3210 22B197	0718	010683		1 BANDAGE AIR 18 X 18.25	43.00
3410 25B438	0718	010682		1 BANDAGE AIR 12CM X 8.2	28.50
3410 25B438	0718	010685		1 BANDAGE AIR 26 X 8.25	33.75
SUBTOTAL:					292.50
272-STERILE SUPPLIES					
3010 21C862	0718	011586		1 SPCNGE LAB 12X12	53.75
310 29B771	0718	011591		1 STERI-STRIP 1/2X4"	28.50
310 29B771	0718	013845		1 AUTO SUTURE STAPLE REM	17.50
310 29B771	0718	011591		1 STERI-STRIP 1/2X4"	28.50
SUBTOTAL:					128.25
300-LABORATORY					
3010 20B986	0736	101475	36415	1 VENIPUNCTURE	16.00
310 26B476	0736	101475	36415	1 VENIPUNCTURE	16.00
310 26B476	0736	101475	36415	1 VENIPUNCTURE	16.00
SUBTOTAL:					48.00
301-LAB/CHEMISTRY					
3010 20B986	0736	101610	80048	1 BMP TOTAL CALCIUM	208.25
310 23B230	0736	101610	80048	1 BMP TOTAL CALCIUM	208.25
310 26B476	0736	101610	80048	1 BMP TOTAL CALCIUM	208.25
SUBTOTAL:					624.75

URANCE BENEFITS ASSIGNED TO HORIZON
ICAL CENTER.

ATTENT NO:
ED REC NO:
GUARANTOR NO:
PATIENT:
EZECH ONEIDA VON

HORIZON MEDICAL CENTER
111 HWY 70 EAST

BILLING DATE PAGE 3
06/03/10

DICKSON, TN 37055

ADMITTED DISCHARGED
05/19/10 05/29/10

REDACTED

DATE OF BATCH	F	NDC/CPT-4/				
SERVICE REF	DEPT	S	PROC	HCPCS	QTY	SERVICE DESCRIPTION CHARGES
305-LAB/HEMATOLOGY						
2010 20B986	0736	101081	85025	1	CBC PLATELET AUTO DIFF	171.50
2310 23B230	0736	101081	85025	1	CBC PLATELET AUTO DIFF	171.50
2610 26B476	0736	101081	85025	1	CBC PLATELET AUTO DIFF	171.50
SUBTOTAL:						514.50
307-LAB/UROLOGY						
2010 20B986	0736	101395	81003	1	UA W O MICRO AUTO	89.00
SUBTOTAL:						89.00
420-PHYSICAL THERP						
2010 20B039	0777	320948	97116GP	1	GAIT TRAINING 15 MIN P	144.00
2110 21B127	0777	320948	97116GP	5	GAIT TRAINING 15 MIN P	720.00
2110 21B127	0777	320975	97530GP	2	THER ACTIV DIR 15 MIN	288.00
2210 22B196	0777	320975	97530GP	1	THER ACTIV DIR 15 MIN	144.00
2210 22B196	0777	320933	97110GP	3	THER EXERCISES 15 MIN	458.25
2210 22B196	0777	320948	97116GP	2	GAIT TRAINING 15 MIN P	288.00
2410 24B348	0777	320933	97110GP	3	THER EXERCISES 15 MIN	458.25
2410 24B348	0777	320975	97530GP	1	THER ACTIV DIR 15 MIN	144.00
2410 24B348	0777	320948	97116GP	3	GAIT TRAINING 15 MIN P	432.00
2510 25B437	0777	320948	97116GP	2	GAIT TRAINING 15 MIN P	288.00
2510 25B437	0777	320975	97530GP	1	THER ACTIV DIR 15 MIN	144.00
2510 25B437	0777	320933	97110GP	3	THER EXERCISES 15 MIN	458.25
2610 26B525	0777	320948	97116GP	3	GAIT TRAINING 15 MIN P	432.00
2610 26B525	0777	320975	97530GP	2	THER ACTIV DIR 15 MIN	288.00
2610 26B525	0777	320933	97110GP	1	THER EXERCISES 15 MIN	152.75
2710 27B614	0777	320948	97116GP	2	GAIT TRAINING 15 MIN P	288.00
2710 27B614	0777	320933	97110GP	4	THER EXERCISES 15 MIN	611.00
2810 28B698	0777	320948	97116GP	2	GAIT TRAINING 15 MIN P	288.00
2810 28B698	0777	320948	97116GP	1	GAIT TRAINING 15 MIN P	144.00
2810 28B698	0777	320975	97530GP	1	THER ACTIV DIR 15 MIN	144.00
SUBTOTAL:						6314.50
424-PHYS THERP/EVAL						
2010 20B039	0777	320847	97001GP	1	EVALUATION PT	343.25
SUBTOTAL:						343.25
430-OCCUPATION THER						
2010 20B039	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
2010 20B039	0777	320976	97530GO	1	THER ACTIV DIR 15 MIN	144.00
2010 20B039	0777	322281	97535GO	1	SELF/HOME ONE/ONE 15M	135.50
110 21B127	0777	322281	97535GO	4	SELF/HOME ONE/ONE 15M	542.00
110 21B127	0777	320938	97110GO	2	THER EXERCISES 15 MIN	305.50

URANCE BENEFITS ASSIGNED TO HORIZON
ICAL CENTER.

PATIENT NO:
 ID REC NO:
 PATIENT NO:
 PATIENT:
 TECH ONEIDA VON

HORIZON MEDICAL CENTER
 1111 HWAY 70 EAST

BILLING DATE PAGE 4
 06/03/10
 ADMITTED DISCHARGED
 05/19/10 05/29/10

DICKSON, TN 37055

REDACTED

DATE OF BATCH	F	NDC/CPT-4/				
ADVISE REF	DEPT S	PROC	HCP	QTY	SERVICE DESCRIPTION	CHARGES
2210 22B185	0777	322281	97535GO	2	SELF/HOME ONE/ONE 15M	271.00
2210 22B185	0777	320938	97110GO	4	THER EXERCISES 15 MIN	611.00
2410 24B348	0777	322281	97535GO	4	SELF/HOME ONE/ONE 15M	542.00
2410 24B348	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
2410 24B348	0777	320976	97530GO	1	THER ACTIV DIP 15 MIN	144.00
2510 25B437	0777	322281	97535GO	6	SELF/HOME ONE/ONE 15M	813.00
2510 25B437	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
2510 25B437	0777	320976	97530GO	1	THER ACTIV DIP 15 MIN	144.00
2610 26B525	0777	322281	97535GO	4	SELF/HOME ONE/ONE 15M	542.00
2610 26B525	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
2610 26B525	0777	320976	97530GO	1	THER ACTIV DIP 15 MIN	144.00
2610 26B525	0777	320938	97110GO	1	THER EXERCISES 15 MIN	152.75
2710 27B614	0777	320976	97530GO	1	THER ACTIV DIP 15 MIN	144.00
2710 27B614	0777	322281	97535GO	3	SELF/HOME ONE/ONE 15M	406.50
2710 27B614	0777	320938	97110GO	2	THER EXERCISES 15 MIN	305.50
2710 27B614	0777	320976	97530GO	1	THER ACTIV DIP 15 MIN	144.00
2810 28B698	0777	322281	97535GO	4	SELF/HOME ONE/ONE 15M	542.00
2810 28B698	0777	320938	97110GO	2	THER EXERCISES 15 MIN	305.50
2810 28B698	0777	320976	97530GO	2	THER ACTIV DIP 15 MIN	288.00
SUBTOTAL:						7237.25
434-OCUP THERP/EVAL						
010 20B039	0777	320856	97003GO	1	EVALUATION OT	343.25
SUBTOTAL:						343.25
637-DRUGS/SELF ADMIN						
910 19B972	0712	253165	169633910	1	NOVOLOG FLEX PEN 3CC	67.00
910 19B972	0712	250613	65862005290	1	ZOCOR 20 MG TABLET	15.75
910 19B972	0712	253146	406051201	1	OXYCODONE/APAP 5/325 T	1.75
910 19B972	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
010 20B065	0712	250613	65862005390	1	ZOCOR 20 MG TABLET	15.75
010 20B065	0712	250640	24540134	1	AMBIEN 5 MG TABLET	12.00
010 20B065	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
010 20B988	0712	253092	378615001	1	OMEPRazole 20 MG CAP	7.00
010 20B988	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
010 20B041	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
310 20B041	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
310 20B041	0712	250618	245008011	1	ZINC SULFATE 220 MG CA	5.25
310 20B010	0712	251472	245009101	1	THERAPEUTIC VIT/MIN TA	3.25
310 20B010	0712	250087	62584015411	1	SYNTHROID 0.05MG	7.50
310 20B010	0712	252118	78035934	2	VALSARTAN 160 MG TABLET	20.00

IRANCE BENEFITS ASSIGNED TO HORIZON
 ICAI CENTER.

PATIENT NO:
 ED REC NO:
 GUARANTOR NO:
 PATIENT:
 EDECH ONEIDA VON

HORIZON MEDICAL CENTER
 111 HWAY 70 EAST

BILLING DATE PAGE 5
 06/03/10

DICKSON, TN 37055

ADMITTED DISCHARGED
 05/19/10 05/29/10

REDACTED

DATE OF BATCH	F	NDC/CPT-4/	QTY	SERVICE DESCRIPTION	CHARGES
SERVICE REF	DEPT	S PROC	HCPCS		
52010 20B010	0712	250264	182055689	1 HYDROCHLOROTHIAZIDE 25	6.00
52010 20B010	0712	251596	51079020620	1 ZYLOPRIM 300MG TAB	6.50
52010 20B010	0712	250007	182142095	1 ASA (BABY) 75MG TAB	3.25
52010 20B010	0712	251169	378014705	1 INDOCIN 50MG CAPSULE	7.50
52010 20B010	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25
52010 20B010	0712	250177	182111301	1 DSS/CASANTHRANOL 100/3	4.50
52010 20B010	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
52010 20B010	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00
52110 21B102	0712	252093	173056900	1 ONDANSETRON ODT 4 MG	60.25
52110 21B129	0712	252202	8084199	1 PANTOPRAZOLE 40 MG TAB	14.75
52110 21B150	0712	250640	24540134	1 AMBIEN 5 MG TABLET	12.00
52110 21B140	0712	250613	65862005290	1 ZOCOR 20 MG TABLET	15.75
52110 21B140	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25
52110 21B140	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
52110 21B083	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
52110 21B129	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
52110 21B129	0712	250177	182111301	1 DSS/CASANTHRANOL 100/3	4.50
52110 21B101	0712	251472	245009101	1 THERAPEUTIC VIT/MIN TA	3.25
52110 21B101	0712	250087	62584015411	1 SYNTHROID 0.05MG	7.50
52110 21B101	0712	252118	78035934	2 VALSARTAN 160 MG TABLET	20.00
52110 21B101	0712	250264	182055689	1 HYDROCHLOROTHIAZIDE 25	6.00
52110 21B101	0712	251596	51079020620	1 ZYLOPRIM 300MG TAB	6.50
52110 21B101	0712	250007	182142095	1 ASA (BABY) 75MG TAB	3.25
52110 21B101	0712	251169	378014705	1 INDOCIN 50MG CAPSULE	7.50
52110 21B101	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25
52110 21B101	0712	250177	182111301	1 DSS/CASANTHRANOL 100/3	4.50
52110 21B101	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00
52110 21B101	0712	250618	245008011	1 ZINC SULFATE 220 MG CA	5.25
52110 22B309	0713	350613	65863005390	1 ZOCOR 30 MG TABLET	15.75
52110 22B209	0712	250640	24540134	1 AMBIEN 5 MG TABLET	12.00
52110 22B209	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25
52110 22B166	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
52110 22B198	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
52110 22B198	0712	250177	182111301	1 DSS/CASANTHRANOL 100/3	4.50
52110 22B178	0712	251472	245009101	1 THERAPEUTIC VIT/MIN TA	3.25
52110 22B178	0712	250087	62584015411	1 SYNTHROID 0.05MG	7.50
52110 22B178	0712	252118	78035934	2 VALSARTAN 160 MG TABLET	20.00
52110 22B178	0712	250264	182055689	1 HYDROCHLOROTHIAZIDE 25	6.00
52110 22B178	0712	251596	51079020620	1 ZYLOPRIM 300MG TAB	6.50

URANCE BENEFITS ASSIGNED TO HORIZON
 ICAL CENTER.

PTIENT NO:
D REC NO:
PATANTOR NO:
PATIENT:
ECH ONEIDA VON

HORIZON MEDICAL CENTER
111 : HWAY 70 EAST

BILLING DATE PAGE 6
06/03/10

DICKSON, TN 37055

ADMITTED DISCHARGED
05/19/10 05/29/10

REDACTED

TE OF BATCH	F	NDC/CPT-4/			
RVICE REF	DEPT S PROC	HCPCS	QTY SERVICE DESCRIPTION	CHARGES	
2210 22B178	0712	250007	102142095	1 ASA (BABY) 75MG TAB	3.25
2210 22B178	0712	251169	378014705	1 INDOCIN 50MG CAPSULE	7.50
2210 22B178	0712	251534	102006889	1 ASCORBIC ACID 500MG TA	3.25
2210 22B178	0712	250177	102111301	1 DSS/CASANTHRANOL 100/3	4.50
2210 22B178	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
2210 22B178	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00
2210 22B178	0712	250618	245008011	1 ZINC SULFATE 220 MG CA	5.25
2210 22B178	0712	252202	8084199	1 PANTOPRAZOLE 40 MG TAB	14.75
2310 23B228	0712	252093	173056900	1 ONDANSETRON ODT 4 MG	60.25
2310 23B228	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
2310 23B284	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
2310 23B284	0712	250640	24540134	1 AMBIEN 5 MG TABLET	12.00
2310 23B232	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
2310 23B275	0712	250813	65862005290	1 ZOCOR 20 MG TABLET	15.75
2310 23B275	0712	251534	102006889	1 ASCORBIC ACID 500MG TA	3.25
2310 23B244	0712	251472	245009101	1 THERAPEUTIC VIT/NIN TA	3.25
2310 23B244	0712	250087	62584015411	1 SYNTHROID 0.05MG	7.50
2310 23B244	0712	252118	78035934	2 VALSARTAN 160 MG TABLE	20.00
2310 23B244	0712	250264	102055689	1 HYDROCHLOROTHIAZIDE 25	6.00
2310 23B244	0712	251596	51079020620	1 ZYLOPRIM 300MG TAB	6.50
2310 23B244	0712	250007	102142095	1 ASA (BABY) 75MG TAB	3.25
2310 23B244	0712	251169	378014705	1 INDOCIN 50MG CAPSULE	7.50
2310 23B244	0712	251534	102006889	1 ASCORBIC ACID 500MG TA	3.25
2310 23B244	0712	250177	102111301	1 DSS/CASANTHRANOL 100/3	4.50
2310 23B244	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00
2310 23B244	0712	250618	245008011	1 ZINC SULFATE 220 MG CA	5.25
2310 23B244	0712	252202	8084199	1 PANTOPRAZOLE 40 MG TAB	14.75
2310 23B264	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
2310 23B364	0713	250177	102111301	1 DSS/CASANTHRANOL 100/3	4.50
2410 24B302	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
2410 24B302	0712	252093	173056900	1 ONDANSETRON ODT 4 MG	60.25
2410 24B320	0712	251472	245009101	1 THERAPEUTIC VIT/NIN TA	3.25
2410 24B320	0712	250087	62584015411	1 SYNTHROID 0.05MG	7.50
2410 24B367	0712	251534	102006889	1 ASCORBIC ACID 500MG TA	3.25
2410 24B320	0712	252118	78035934	2 VALSARTAN 160 MG TABLE	20.00
2410 24B367	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
2410 24B320	0712	250264	102055689	1 HYDROCHLOROTHIAZIDE 25	6.00
2410 24B320	0712	251596	51079020620	1 ZYLOPRIM 300MG TAB	6.50

GRANCE BENEFITS ASSIGNED TO HORIZON
ICAL CENTER.

ATTIENT NO:
ED REC NO:
GUARANTOR NO:
ATTIENT:
EECH ONEIDA VON

HORIZON MEDICAL CENTER
111 HWAY 70 EAST

BILLING DATE
06/03/10

PAGE 7

DICKSON, TN 37055

ADMITTED
05/19/10

DISCHARGED
05/29/10

REDACTED

DATE OF BATCH	F	NDC/CPT-4/				
SERVICE REF	DEPT S	PROC	HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
32410 24B320	0712	250007	182142095	1	ASA (BABY) 75MG TAB	3.25
32410 24B320	0712	251169	378014705	1	INDOCIN 50MG CAPSULE	7.50
32410 24B320	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
32410 24B320	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
32410 24B320	0712	251770	63739029101	1	OYST-CAL-D-500 TABLET	4.00
32410 24B320	0712	250618	245008011	1	ZINC SULFATE 220 MG CA	5.25
32410 24B320	0712	252202	8084199	1	PANTOPRAZOLE 40 MG TAB	14.75
32410 24B367	0712	250640	24540134	1	AMBIEN 5 MG TABLET	12.00
32410 24B350	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
32410 24B350	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
32510 25B439	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
32510 25B439	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
32510 25B452	0712	250813	65862005290	1	ZOCOR 20 MG TABLET	15.75
32510 25B452	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
32510 25B391	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
32510 25B414	0712	251472	245009101	1	THERAPEUTIC VIT/MIN TA	3.25
32510 25B414	0712	250087	62584015411	1	SYNTHROID 0.05MG	7.50
32510 25B414	0712	252118	78035934	2	VALSARTAN 160 MG TABLET	20.00
32510 25B414	0712	250264	182055689	1	HYDROCHLOROTHIAZIDE 25	6.00
32510 25B414	0712	251596	51079020620	1	ZYLOPRIM 300MG TAB	6.50
32510 25B414	0712	250007	182142095	1	ASA (BABY) 75MG TAB	3.25
32510 25B414	0712	251169	378014705	1	INDOCIN 50MG CAPSULE	7.50
32510 25B414	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
32510 25B414	0712	250177	182111301	1	DSS/CASANTHRANOL 100/3	4.50
32510 25B414	0712	253146	406051201	1	OXYCODONE/APAP 5/325 T	1.75
32510 25B414	0712	251770	63739029101	1	OYST-CAL-D-500 TABLET	4.00
32510 25B414	0712	252202	8084199	1	PANTOPRAZOLE 40 MG TAB	14.75
32610 26B553	0712	250813	65862005290	1	ZOCOR 20 MG TABLET	15.75
32610 26B553	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25
32610 26B553	0712	250640	24540134	1	AMBIEN 5 MG TABLET	12.00
32610 26B478	0712	250427	39022310	1	AMARYL 4 MG TABS	9.75
32610 26B495	0712	251472	245009101	1	THERAPEUTIC VIT/MIN TA	3.25
32610 26B495	0712	250087	62584015411	1	SYNTHROID 0.05MG	7.50
32610 26B495	0712	252118	78035934	2	VALSARTAN 160 MG TABLET	20.00
32610 26B495	0712	250264	182055689	1	HYDROCHLOROTHIAZIDE 25	6.00
32610 26B495	0712	251596	51079020620	1	ZYLOPRIM 300MG TAB	6.50
32610 26B495	0712	250007	182142095	1	ASA (BABY) 75MG TAB	3.25
32610 26B495	0712	251169	378014705	1	INDOCIN 50MG CAPSULE	7.50
32610 26B495	0712	251534	182006889	1	ASCORBIC ACID 500MG TA	3.25

URANCE BENEFITS ASSIGNED TO HORIZON
ICAL CENTER.

PTIENT NO:
ID REC NO:
PATIENT NO:
PATIENT:
TECH ONEIDA VON

HORIZON MEDICAL CENTER
1111 HWAY 70 EAST

BILLING DATE PAGE 8
06/03/10

DICKSON, TN 37055

ADMITTED DISCHARGED
05/19/10 05/29/10

REDACTED

DATE OF BATCH	F	NDC/CPT-4/				
SERVICE REF	DEPT	S	PROC	HCPCS	QTY SERVICE DESCRIPTION	CHARGES
2610 26B495	0712	250177	182111301		1 DSS/CASANTHRANOL 100/3	4.50
2610 26B495	0712	253146	406051201		1 OXYCODONE/APAP 5/325 T	1.75
2610 26B495	0712	251770	63739029101		1 OYST-CAL-D-500 TABLET	4.00
2610 26B495	0712	252202	8084199		1 PANTOPRAZOLE 40 MG TAB	14.75
2610 26B527	0712	250427	39022310		1 AMARYL 4 MG TABS	9.75
2610 26B527	0712	250177	182111301		1 DSS/CASANTHRANOL 100/3	4.50
2710 27B604	0712	252093	173056900		1 ONDANSETRON ODT 4 MG	60.25
2710 27B630	0712	250813	65862005290		1 ZOCOR 20 MG TABLET	15.75
2710 27B630	0712	250640	24540134		1 AMBIEN 5 MG TABLET	12.00
2710 27B630	0712	251534	182006889		1 ASCORBIC ACID 500MG TA	3.25
2710 27B568	0712	250427	39022310		1 AMARYL 4 MG TABS	9.75
2710 27B616	0712	250427	39022310		1 AMARYL 4 MG TABS	9.75
2710 27B588	0712	251472	245009101		1 THERAPEUTIC VIT/MIN TA	3.25
2710 27B588	0712	250087	62584015411		1 SYNTHROID 0.05MG	7.50
2710 27B588	0712	252118	78035934		2 VALSARTAN 160 MG TABLE	20.00
2710 27B588	0712	250264	182055689		1 HYDROCHLOROTHIAZIDE 25	6.00
2710 27B588	0712	251596	51079020620		1 ZYLOPRIM 300MG TAB	6.50
2710 27B588	0712	250007	182142095		1 ASA (BABY) 75MG TAB	3.25
2710 27B588	0712	251169	378014705		1 INDOCIN 50MG CAPSULE	7.50
2710 27B588	0712	251534	182006889		1 ASCORBIC ACID 500MG TA	3.25
2710 27B588	0712	253146	406051201		1 OXYCODONE/APAP 5/325 T	1.75
2710 27B588	0712	251770	63739029101		1 OYST-CAL-D-500 TABLET	4.00
2710 27B588	0712	252202	8084199		1 PANTOPRAZOLE 40 MG TAB	14.75
2810 28B705	0712	250177	182111301		1 DSS/CASANTHRANOL 100/3	4.50
2810 28B700	0712	250427	39022310		1 AMARYL 4 MG TABS	9.75
2810 28B700	0712	250177	182111301		1 DSS/CASANTHRANOL 100/3	4.50
2810 28B657	0712	250427	39022310		1 AMARYL 4 MG TABS	9.75
2810 28B715	0712	250813	65862005290		1 ZOCOR 20 MG TABLET	15.75
2810 28B715	0712	251534	182006889		1 ASCORBIC ACID 500MG TA	3.25
2810 28B715	0712	250640	24540134		1 AMBIEN 5 MG TABLET	12.00
2810 28B715	0712	253146	406051201		1 OXYCODONE/APAP 5/325 T	1.75
2810 28B676	0712	251472	245009101		1 THERAPEUTIC VIT/MIN TA	3.25
2810 28B676	0712	250087	62584015411		1 SYNTHROID 0.05MG	7.50
2810 28B676	0712	252118	78035934		2 VALSARTAN 160 MG TABLE	20.00
2810 28B676	0712	250264	182055689		1 HYDROCHLOROTHIAZIDE 25	6.00
2810 28B676	0712	251596	51079020620		1 ZYLOPRIM 300MG TAB	6.50
2810 28B676	0712	250007	182142095		1 ASA (BABY) 75MG TAB	3.25
2810 28B676	0712	251169	378014705		1 INDOCIN 50MG CAPSULE	7.50
2810 28B676	0712	251534	182006889		1 ASCORBIC ACID 500MG TA	3.25

FRANCE BENEFITS ASSIGNED TO HORIZON
ICAL CENTER.

ATTENT NO:
ED REC NO:
UARRANTOR NO:
ATTIENT:
EECH ONEIDA VON

HORIZON MEDICAL CENTER
111 HWAY 70 EAST

BILLING DATE PAGE 9
06/03/10

DICKSON, TN 37055

ADMITTED DISCHARGED
05/19/10 05/29/10

REDACTED

ATE OF BATCH	F	NDC/CPT-4/			
ERVICE REF	DEPT S	PROC	HCPCS	QTY SERVICE DESCRIPTION	CHARGES
52810 28B676	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00
52810 28B676	0712	252202	8084199	1 PANTOPRAZOLE 40 MG TAB	14.75
52810 28B676	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
52910 29B742	0712	250427	39022310	1 AMARYL 4 MG TABS	9.75
52910 29B742	0712	253146	406051201	1 OXYCODONE/APAP 5/325 T	1.75
52910 29B754	0712	251472	245009101	1 THERAPEUTIC VIT/MIN TA	3.25
52910 29B754	0712	250087	62584015411	1 SYNTHROID 0.05MG	7.50
52910 29B754	0712	252118	78035934	2 VALSARTAN 160 MG TABLE	20.00
52910 29B754	0712	250264	182055689	1 HYDROCHLOROTHIAZIDE 25	6.00
52910 29B754	0712	251596	51079020620	1 ZYLOPRIM 300MG TAB	6.50
52910 29B754	0712	250007	182142095	1 ASA (BABY) 75MG TAB	3.25
52910 29B754	0712	251169	378014705	1 INDOCIN 50MG CAPSULE	7.50
52910 29B754	0712	251534	182006889	1 ASCORBIC ACID 500MG TA	3.25
52910 29B754	0712	251770	63739029101	1 OYST-CAL-D-500 TABLET	4.00
52910 29B754	0712	252202	8084199	1 PANTOPRAZOLE 40 MG TAB	14.75
SUBTOTAL:					1643.50
899-NON-CHARGEABLE ITEMS					
2610 26B525	0770	322005		1 NUTRITION CONSULT	.00
SUBTOTAL:					.00
TOTAL ANCILLARY CHARGES					19136.50
TOTAL CHARGES					26546.50
PAYMENTS					.00
ADJUSTMENTS					.00
BALANCE					26546.50

URANCE BENEFITS ASSIGNED TO HORIZON
ICAL CENTER.

IENT NO:
D REC NO:
ARANTOR NO:
IENT:
ECH ONEIDA VON

HORIZON MEDICAL CENTER
1111 HWAY 70 EAST

BILLING DATE PAGE 10
06/03/10

DICKSON, TN 37055

ADMITTED DISCHARGED
05/19/10 05/29/10

REDACTED

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0693	REHABILITATION UNIT	7,410.00
0712	PHARMACY	3,201.25
0718	MEDICAL SERVICES	420.75
0736	LABORATORY	1,276.25
0777	PHYSICAL THERAPY-SPINAL	14,238.25

TOTAL CHARGES:	26,546.50
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

PATIENT NO:
MED REC NO:
GUARANTOR NO:
PATIENT:
LEECH ONEIDA VON

SUMMIT MEDICAL CENTER
5655 FRIST BOULEVARD
HERMITAGE, TN 37076

BILLING DATE PAGE 1
05/18/10
ADMITTED DISCHARGED
05/12/10 05/12/10

REDACTED

BILL TO:

LEECH ONEIDA VON

OUTPATIENT
ADMIT THRU DISCHARGE CLAIM

FC=01

DATE OF	BATCH	F	NDC/CPT-4/			
SERVICE	REF	DEPT	S	PROC	HCPCS	QTY SERVICE DESCRIPTION CHARGES
352-CT SCAN/BODY						
051210	12B403	0726	320296	73700LT	1	CT LOWER EXTRM W/O C L 1741.00
SUBTOTAL:						1741.00
TOTAL ANCILLARY CHARGES						1741.00
TOTAL CHARGES						1741.00
PAYMENTS						.00
ADJUSTMENTS						.00
BALANCE						1741.00

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:
MED REC NO:
GUARANTOR NO:
PATIENT:
LEECH ONEIDA VON

SUMMIT MEDICAL CENTER
5655 FRIST BOULEVARD
HERMITAGE, TN 37076

BILLING DATE PAGE 2
05/18/10
ADMITTED DISCHARGED
05/12/10 05/12/10

REDACTED

DEPARTMENTAL CHARGE SUMMARY		
DEPT	DESCRIPTION	AMOUNT
0726	CT SCAN	1,741.00

TOTAL CHARGES:	1,741.00
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

PATIENT NO:
MED REC NO:
GUARANTOR NO:
PATIENT:
LEECH ONEIDA VON

SUMMIT MEDICAL CENTER
5655 FRIST BOULEVARD
HERMITAGE, TN 37076

BILLING DATE PAGE 1
05/24/10
ADMITTED DISCHARGED
05/17/10 05/19/10

REDACTED

BILL TO:

LEECH ONEIDA VON

INPATIENT
ADMIT THRU DISCHARGE CLAIM

FC=01

DATE OF SERVICE	ATT PHYS	FC ROOM	AC	SERV CODE	REV CODE	DEPT	ROOM AND CARE	CHARGES
05/17/10	422	01 527A	P	SURG	110	0605	2 DAYS AT 922.00	1,844.00
TOTAL ROOM AND CARE								1,844.00

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
250-PHARMACY						
051710	17B949	0712		071655 E J0690	1 CEFAZOLIN 500MG (C)	22.00
051710	17B949	0712		071654 B J0690	1 CEFAZOLIN 500MG (P) IV	22.00
051710	17B949	0712		066126 J1885	1 KETOROLAC TROM 15 MG	102.00
051710	17B925	0712		068555 J2370	1 PHENYLEPHRINE 1% AMP 1	27.00
051710	17B925	0712		070200 J0330	2 SUCCINYLCHOL 200MG VIA	142.00
051710	17B925	0712		071657 E J0690	2 CEFAZOLIN 500MG (C)	94.00
051710	17B925	0712		071656 B J0690	2 CEFAZOLIN 500MG (P) VI	94.00
051710	17B965	0712		066126 J1885	1 KETOROLAC TROM 15 MG	102.00
051710	17B864	0712		071657 E J0690	2 CEFAZOLIN 500MG (C)	94.00
051710	17B864	0712		071656 B J0690	2 CEFAZOLIN 500MG (P) VI	94.00
051710	17B977	0712		071655 E J0690	1 CEFAZOLIN 500MG (C)	22.00
051710	17B977	0712		071654 B J0690	1 CEFAZOLIN 500MG (P) IV	22.00
051710	17B977	0712		066126 J1885	1 KETOROLAC TROM 15 MG	102.00
051710	18B035	0712		064760 J3010	1 FENTANYL .1MG/2ML	57.00
051710	17B925	0712		065210 10019001639	3 GLYCOPYRROLATE V 1ML	171.00
051710	17B925	0712		066297 409427601	1 LIDOCAINE 1% 20 ML	52.00
051710	17B925	0712		067711 517003325	1 NEOSTIGMINE 1:1000	102.00
051710	17B925	0712		069446 10019001320	1 PROPOFOL 200MG/20ML VI	92.00
051710	17B925	0712		070030 409488810	1 SOD CHL 0.9% 10ML	66.00
051710	17B925	0712		071223 409163201	1 VECURONIUM INJ	238.00
051710	17B904	0712		067394 409113403	1 MORPHINE SYR 50MG/50	273.00
051710	17B864	0712		062240 186103401	2 BUPIVA/EPI .5% 30ML	194.00

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5655 FRIST BOULEVARD
HERMITAGE, TN 37076

BILLING DATE PAGE 2
05/24/10
ADMITTED DISCHARGED
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REDACTED

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051710	17B977	0712	067700	591219045	3 NEO/POLY GU IRR AMP	207.00
051710	17B977	0712	065400	264196510	1 HETASTARCH 6% 500ML	488.00
051710	18B035	0712	064765	10019003372	1 FENTANYL 5ML A	76.00
051710	18B035	0712	067309	10019002803	1 MIDAZOLAM 1MG/ML, 2ML	43.00
051710	18B035	0712	064385	409307331	1 EPHEDRI SUL 50MG AMP	52.00
051810	18B037	0712	066126	J1885	1 KETOROLAC TROM 15 MG	102.00
051810	18B082	0712	066126	J1885	1 KETOROLAC TROM 15 MG	102.00
051810	18B999	0712	071655	E J0690	1 CEFAZOLIN 500MG (C)	22.00
051810	18B999	0712	071654	B J0690	1 CEFAZOLIN 500MG (P) IV	22.00
051810	18B999	0712	066126	J1885	1 KETOROLAC TROM 15 MG	102.00
051810	18B035	0712	064397	75062430	1 ENOXAPARIN 30MG INJ	159.00
051810	18B035	0712	068867	52268080005	1 PEG 3350 (MIRALAX) 17GM	14.00
051810	18B110	0712	064397	75062430	1 ENOXAPARIN 30MG INJ	159.00
051910	19B165	0712	064397	75062430	1 ENOXAPARIN 30MG INJ	159.00
051910	19B165	0712	068867	52268080005	1 PEG 3350 (MIRALAX) 17GM	14.00
051910	19B206	0712	068112	406051262	2 OXYCOD/APAP 5/325 TAB	14.00
051910	19B165	0712	069837	8290093010	1 SALINE FLUSH 10ML SYRI	27.00
051910	19B193	0712	068112	406051262	2 OXYCOD/APAP 5/325 TAB	14.00
SUBTOTAL:						3960.00
252-DRUGS/NONGENERIC						
051710	24B750	0715	382625		3 NS POUR BTL 1000ML	255.00
051910	19B204	0715	382625		1 NS POUR BTL 1000ML	85.00
SUBTOTAL:						340.00
258-IV SOLUTIONS						
051710	24B750	0715	381909		1 NOR.SAL.100CC SINGLE	63.00
051710	17B947	0715	382250	J7120	1 IV LACT RINGER 1000	85.00
051710	17B947	0715	382250	J7120	1 IV LACT RINGER 1000	85.00
051710	18B079	0715	382250	J7120	1 IV LACT RINGER 1000	85.00
051710	24B750	0715	382056	J7030	1 IV NORM SALINE 1000	85.00
051710	24B750	0715	382250	J7120	2 IV LACT RINGER 1000	170.00
051810	18B080	0715	382250	J7120	1 IV LACT RINGER 1000	85.00
051810	19B204	0715	382001	J7040	1 IV NORMAL SALINE 500	85.00
SUBTOTAL:						743.00
270-MED-SUR SUPPLIES						
051710	17B948	0718	572876		1 INSPIRATOR 5000 174816	16.00
051710	17B947	0718	563177		1 BLANKET FULL BODY 4006	27.00
051710	18B998	0754	321209		18 OXYGEN PER HOUR	396.00
051710	24B750	0731	013660		1 COBAN 6" STERILE	15.00
051710	24B750	0731	014178		2 LAMINCTHY ARM CRADLE	126.00

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BILLING DATE PAGE 3
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HERMITAGE, TN 37076

ADMITTED DISCHARGED
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DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051710	24B750	0718	306203		1 ORTH SOFT ROLL 4"	22.00
051710	24B750	0718	396597		1 SURGIVAC	169.00
051710	24B750	0718	390069		1 AIRWAY MEDIUM ADULT	16.00
051710	24B750	0718	397932		1 TUBE ENDOTRACH 7.0MM	51.00
051710	24B750	0718	596602		2 PRESSURE INFUSER BAG	212.00
051710	24B750	0718	705037		1 MM OXYGEN NASAL CANNUL	9.00
051810	19B132	0754	321209		12 OXYGEN PER HOUR	264.00
					SUBTOTAL:	1323.00
272-STERILE SUPPLY						
051710	17B948	0718	583131		1 SET ADMIN 30 SED LL VN	10.00
051710	17B947	0718	578001		1 IV START KIT CLRPR 501	10.00
051710	17B947	0718	079639		1 INTROCAN 20G X 1 42525	12.00
051710	17B947	0718	583140		1 EXT MACR 2 SMRT 8&32 F	17.00
051710	17B947	0718	583128		1 SET ADMIN 11.5 INFUS ND	30.00
051710	17B947	0718	079618		1 FOOT IMPAD LARGE A-V I	282.00
051710	24B750	0731	080463		1 EXTRCTR SURG CNCL SCRW	870.00
051710	24B750	0731	010407		1 BOVIE TIP EXTENDER	49.00
051710	24B750	0718	010435		2 BULB SYRINGE	34.00
051710	24B750	0718	030362		2 TUBING, SUCTION	58.00
051710	24B750	0718	302301		4 DRES ABD PAD 8X7 1PK	32.00
051710	24B750	0718	302458		1 DRES ADAPTIC 3X8 1PK	23.00
051710	24B750	0718	303302		2 DRES GAUZE SPONG 4X4	32.00
051710	24B750	0718	391014		3 KNIFE BLADE #10 LD	48.00
051710	24B750	0718	393070		1 CLEANER ELECTRO TIP	13.00
051710	24B750	0718	393071		1 PENCIL ELECTROSURG.	62.00
051710	24B750	0718	393075		1 STAPLER, SKIN PROX.	139.00
051710	24B750	0718	398964		2 YANKAUER SUCT. INSTR	38.00
051710	24B750	0731	545377		1 DRILL BIT 4.0 511.417	634.00
051710	24B750	0731	552648		1 NEEDLE PAD DISPOSABLE	10.00
051710	24B750	0718	563286		1 LINER CANNISTER 1500CC	10.00
051710	24B750	0731	576385		1 REAMING ROD 950 351.70	335.00
051710	24B750	0718	583617		1 TRAY FOLY 16F 350 W/LU	71.00
051710	24B750	0731	701072		1 DRILL BIT 3.2 RAD511.4	716.00
051710	24B750	0731	583708		2 SUTURE ABSB 2-0 CT1 18	88.00
051710	24B750	0731	583709		2 SUTURE ABSBS 0 CT1 18I	88.00
051710	24B750	0731	583710		2 SUTURE ABSRB 1 CT-1 8I	88.00
051710	24B750	0718	011010		1 ESOPHAGEAL MONITOR	71.00
051710	24B750	0718	398970		1 YANKAUER SUCT W/TUBE	33.00
051710	24B750	0718	555740		1 INTROCAN IV SAFETY CAT	12.00

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DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
051710	24B750	0718	561058		1	STYLET ADULT 14FR	16.00
051710	24B750	0718	561255		1	LANCET SAFE T PRO 951	119.00
051710	24B750	0718	563176		1	BLOOD& FLUID WARMER242	44.00
051710	24B750	0718	578001		1	IV START KIT CLRPR 501	10.00
051710	24B750	0718	583126		1	NV BLOOD SET SHRT SPK1	42.00
051710	24B750	0718	583128		2	SET ADMIN 115 INFUS ND	60.00
051710	24B750	0718	583133		1	MINIDRP SET W/CV & 2 S	23.00
051710	24B750	0718	583140		1	EXT MACR 2 SMRT 8632 F	17.00
051710	24B750	0718	583143		1	STPCOCK 3WAY MALE LL A	7.00
051710	24B750	0718	583545		1	SENSOR ADULT LNCS 1859	44.00
051710	24B750	0718	584197		1	CIRCUIT VNT 60IN PT EN	27.00
051710	24B750	0731	563552	C1769	2	GUIDEWIRE 3.2MM 357.39	610.00
051810	19B204	0718	583126		1	NV BLOOD SET SHRT SPK1	42.00
051810	19B204	0718	578001		1	IV START KIT CLRPR 501	10.00
051810	19B204	0718	583135		1	EXT MACR SHRT 7 FRM MA	17.00
051810	19B204	0731	076226		1	CATH IV 22G INTRCN FEP	12.00
051810	19B204	0718	079639		2	INTROCAN 20G X 1 42525	24.00
051910	19B209	0731	076226		1	CATH IV 22G INTRCN FEP	12.00-
051910	19B209	0718	079639		1	INTROCAN 20G X 1 42525	12.00-
051910	19B204	0718	302301		1	DRES ABD PAD 8X7 1PK	8.00
051910	19B204	0718	303302		1	DRES GAUZE SPONG 4X4	16.00
051910	19B204	0718	012305		2	XEROFORM GAUZE	34.00
051910	19B204	0718	303302		1	DRES GAUZE SPONG 4X4	16.00
051910	19B204	0718	305155		3	DRES XEROFORM 5X9	51.00
051910	19B204	0718	303302		1	DRES GAUZE SPONG 4X4	16.00
051910	19B204	0718	302301		1	DRES ABD PAD 8X7 1PK	8.00
						SUBTOTAL:	5164.00
278-SUPPLY/IMPLANTS							
051710	24B750	0717	573971	C1713	1	HELICAL BLADE 95 456.3	1742.00
051710	24B750	0717	574229	C1713	1	SCREW 5.0 TI L 458.954	531.00
051710	24B750	0717	574332	C1713	1	SCREW 5.0 LK 52 458.95	531.00
051710	24B750	0717	574335	C1713	1	SCREW 5.0 LK 58 458.95	531.00
051710	24B750	0717	574507	C1713	1	NAIL C TR FX 11 456.40	4290.75
						SUBTOTAL:	7625.75
300-LABORATORY							
051410	14B608	0736	801193	36415	1	VENIPUNCTURE	36.00
051710	17B901	0736	801193	36415	1	VENIPUNCTURE	36.00
051810	18B997	0736	801193	36415	1	VENIPUNCTURE	36.00
051810	18B997	0736	801193	36415	1	VENIPUNCTURE	36.00

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HERMITAGE, TN 37076

BILLING DATE PAGE 5
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DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051910	19B131	0736	801193	36415	1 VENIPUNCTURE	36.00
SUBTOTAL:						180.00
301-LAB/CHEMISTRY						
051410	14B608	0736	802130	80048	1 BMP TOTAL CALCIUM	291.00
051710	17B943	0736	802130	80048	1 BMP TOTAL CALCIUM	291.00
051810	18B997	0736	802140	80053	1 COMP METABOLIC PANEL	325.00
051810	18B997	0736	801155	84443	1 TSH	233.00
051810	18B997	0736	800570	83036	1 GLYCOHEMOGLOBIN	58.00
051910	19B131	0736	802140	80053	1 COMP METABOLIC PANEL	325.00
SUBTOTAL:						1523.00
302-LAB/IMMUNOLOGY						
051710	17B901	0736	800001	86900	1 ABO TYPE	87.00
051710	17B901	0736	801020	86901	1 RH TYPE	85.00
051710	17B901	0736	800100	86850	1 ANTIBODY SCREEN EA	223.00
051710	17B901	0736	801157	86920	2 CROSSMATCH IMM SPIN	504.00
051710	17B901	0736	801157	86920	2 CROSSMATCH IMM SPIN	504.00
051710	17B901	0736	801157	86920	2 CROSSMATCH IMM SPIN	504.00
051710	18B056	0736	801157	86920	1 CROSSMATCH IMM SPIN	252.00
SUBTOTAL:						2159.00
305-LAB/HEMATOLOGY						
051410	14B608	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF	150.00
051710	17B943	0736	800645	85018	1 HEMOGLOBIN	40.00
051710	17B943	0736	800640	85014	1 HEMATOCRIT	99.00
051810	18B997	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF	150.00
051910	19B137	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF	150.00-
051910	19B131	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF	150.00
051910	19B131	0736	800270	85027	1 HEMOGRAM W PLT NO DIFF	150.00
SUBTOTAL:						589.00
306-LAB/BACT-MICRO						
051710	17B901	0736	800099	87075	1 CULTURE ANAEROBIC	279.00
051710	17B901	0736	801230	87070	1 CULTURE WOUND	333.00
SUBTOTAL:						612.00
320-DX X-RAY						
051710	17B905	0728	316524	76000	1 XR FLUOROSCOPY 0-60 MI	571.00
051710	17B905	0728	319914	73510LT	1 XR HIP UNI 2 + V LT	416.00
051710	17B905	0728	319914	73510LT	1 XR HIP UNI 2 + V LT	416.00
051710	17B905	0728	315542	72170	1 XR PELVIS 1/2 VIEWS	621.00
051710	18B042	0728	315542	72170	1 XR PELVIS 1/2 VIEWS	621.00-
SUBTOTAL:						1403.00

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BILLING DATE PAGE 6
05/24/10
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324-DX X-RAY/CHEST						
051410	14B612	0728	315002	71020	1 XR CHEST 2 V	415.00
SUBTOTAL:						415.00
360-OR SERVICES						
051710	24B750	0701	321519		1 OR LEVEL 4 BASE RATE	4617.00
051710	24B750	0701	321520		221 OR LEVEL 4 PER MINUTE	13481.00
SUBTOTAL:						18098.00
370-ANESTHESIA						
051710	24B750	0722	322714		1 ANES LVL4 GEN COMP BAS	528.00
051710	24B750	0722	322715		221 ANES LVL4 GEN EA ADD M	1989.00
SUBTOTAL:						2517.00
390-BLOOD/STOR-PROC						
051710	17B901	0758	800850	P9016	1 PRBC LR	236.00
051710	17B943	0758	800850	P9016	1 PRBC LR	236.00
051710	17B901	0758	800850	P9016	1 PRBC LR	236.00
051710	17B901	0758	800850	P9016	1 PRBC LR	236.00
051710	18B056	0758	800850	P9016	1 PRBC LR	236.00
SUBTOTAL:						1180.00
391-BLOOD/ADMIN						
051710	18B033	0758	893247	36430	1 BLOOD TRANSFUSION	685.00
051810	19B163	0758	893247	36430	1 BLOOD TRANSFUSION	685.00
SUBTOTAL:						1370.00
420-PHYSICAL THERAPY						
051810	18B078	0762	320928	97110GP	1 THER EXERCISES 15 MIN	185.00
051910	19B203	0762	320947	97116GP	2 GAIT TRAINING 15 MIN P	284.00
051910	19B203	0762	320928	97110GP	2 THER EXERCISES 15 MIN	370.00
SUBTOTAL:						839.00
424-PHYS THERP EVAL OR REEVA						
051810	18B034	0762	320846	97001GP	1 EVALUATION PT	301.00
SUBTOTAL:						301.00
636-DRUGS/DETAIL CODE						
051710	17B925	0712	071627 E	J2405	1 ONDANSETRON 1MG (C)	57.00
051710	17B925	0712	071627 E	J2405	1 ONDANSETRON 1MG (C)	57.00
051710	17B925	0712	071627 E	J2405	1 ONDANSETRON 1MG (C)	57.00
051710	17B925	0712	071626 B	J2405	1 ONDANSETRON 1MG (P)	57.00
SUBTOTAL:						228.00
637-DRUGS/SELF ADMIN						
051710	17B929	0712	064215	51079001920	1 DUCUSATE SOD 100MG	17.00-
051710	17B925	0712	071201	78035834	2 VALSARTAN 80 MG TAB	36.00

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BILLING DATE PAGE 7

05/24/10

ADMITTED

05/17/10

DISCHARGED

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DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051710	17B904	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051710	17B864	0712	064733	6096358	1 FAMOTIDINE 20MG	51.00
051710	17B864	0712	069865	67434504	1 SCOPOLAMINE TRANSD	118.00
051710	17B949	0712	065136	51079081120	1 GLIPIZIDE 10MG	17.00
051710	17B904	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051710	17B977	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051710	17B977	0712	061615	182006800	1 ASCOR ACID 500MG TAB	14.00
051710	17B977	0712	071435	574916701	1 ZINC SULF 220MG CAP	14.00
051710	17B977	0712	066463	6073161	2 LOVASTATIN 20 MG	70.00
051810	18B082	0712	065136	51079081120	1 GLIPIZIDE 10MG	17.00
051810	18B082	0712	065131	39022310	1 GLIMEPIRIDE 4 MG TAB	14.00
051810	18B035	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051810	18B035	0712	061615	182006800	1 ASCOR ACID 500MG TAB	14.00
051810	18B035	0712	071435	574916701	1 ZINC SULF 220MG CAP	14.00
051810	18B035	0712	067455	38485120401	1 MULTIVIT (LILLY)	24.00
051810	18B035	0712	061215	51079020620	1 ALLOPURI 300MG TAB	17.00
051810	18B035	0712	066225	378180301	1 LEVOTHYROX .05MG TAB	24.00
051810	18B035	0712	065131	39022310	1 GLIMEPIRIDE 4 MG TAB	14.00
051810	18B035	0712	062363	178081560	1 CALCIUM CITRATE 300 +D	11.00
051810	18B999	0712	065135	51079081020	1 GLIPIZIDE 5MG.	17.00
051810	18B999	0712	068023	186074231	1 OMEPRAZOLE 20 MG	27.00
051810	18B999	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051810	18B110	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051810	18B110	0712	061615	182006800	1 ASCOR ACID 500MG TAB	14.00
051810	18B110	0712	071435	574916701	1 ZINC SULF 220MG CAP	14.00
051810	18B110	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051810	18B036	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051810	18B110	0712	066463	6073161	2 LOVASTATIN 20 MG	70.00
051910	19B165	0712	064215	51079001920	1 DOCUSATE SOD 100MG	17.00
051910	19B165	0712	061615	182006800	1 ASCOR ACID 500MG TAB	14.00
051910	19B165	0712	071435	574916701	1 ZINC SULF 220MG CAP	14.00
051910	19B165	0712	061215	51079020620	1 ALLOPURI 300MG TAB	17.00
051910	19B165	0712	066225	378180301	1 LEVOTHYROX .05MG TAB	24.00
051910	19B165	0712	065131	39022310	1 GLIMEPIRIDE 4 MG TAB	14.00
051910	19B165	0712	062363	178081560	1 CALCIUM CITRATE 300 +D	11.00
051910	19B165	0712	067455	38485120401	1 MULTIVIT (LILLY)	24.00
051910	19B206	0712	065136	51079081120	1 GLIPIZIDE 10MG	17.00
051910	19B206	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
051910	19B206	0712	065131	39022310	1 GLIMEPIRIDE 4 MG TAB	14.00

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:
 MED REC NO:
 GUARANTOR NO:
 PATIENT:
 JEECH ONEIDA VON

SUMMIT MEDICAL CENTER
 5655 FRIST BOULEVARD
 HERMITAGE, TN 37076

BILLING DATE PAGE 8
 05/24/10
 ADMITTED DISCHARGED
 05/17/10 05/19/10

REDACTED

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY SERVICE DESCRIPTION	CHARGES
051910	19B133	0712	065135	51079081020	1 GLIPIZIDE 5MG.	17.00
051910	19B133	0712	068023	186074231	1 OMEPRAZOLE 20 MG	27.00
051910	19B166	0712	065843	169750111	1 INSULIN ASPARTAM 10 UN	3.15
SUBTOTAL:						890.90
710-RECOVERY ROOM						
051710	17B902	0704	321581		1 PACU LVL 1 BASE RATE	332.00
051710	17B902	0704	321582		60 PACU LVL 1 PER MINUTE	900.00
SUBTOTAL:						1232.00
899-NON-CHARGEABLE ITEMS						
051710	17B924	0731	006699		1 NON-CHARGE	.00
051710	17B945	0731	006699		1 NON-CHARGE	.00
051810	18B998	0731	006699		1 NON-CHARGE	.00
051810	18B078	0731	006699		1 NON-CHARGE	.00
SUBTOTAL:						.00
TOTAL ANCILLARY CHARGES						52692.65
TOTAL CHARGES						54536.65
PAYMENTS						.00
ADJUSTMENTS						.00
BALANCE						54536.65

INSURANCE BENEFITS ASSIGNED TO SUMMIT MEDICAL CENTER.

PATIENT NO:
MED REC NO:
GUARANTOR NO:
PATIENT:
LEECH ONEIDA VON

SUMMIT MEDICAL CENTER
5655 FRIST BOULEVARD
HERMITAGE, TN 37076

BILLING DATE PAGE 9
05/24/10
ADMITTED DISCHARGED
05/17/10 05/19/10

REDACTED

DEPT	DEPARTMENTAL CHARGE SUMMARY DESCRIPTION	AMOUNT
0605	S FL ORTHO/SURG	1,844.00
0701	SURGERY	18,098.00
0704	POST ANESTHESIA CARE	1,232.00
0712	PHARMACY	5,078.90
0715	IV THERAPY	1,083.00
0717	SURGICAL IMPLANT	7,625.75
0718	MATERIALS MANAGEMENT	2,198.00
0722	OR ANESTHESIA	2,517.00
0728	RADIOLOGY	1,818.00
0731	OR SUPPLIES	3,629.00
0736	LABORATORY	5,063.00
0754	RESP THERAPY	660.00
0758	BLOOD	2,550.00
0762	PHYSICAL THERAPY	1,140.00

TOTAL CHARGES:	54,536.65
TOTAL PAYMENTS:	.00
TOTAL ADJUST:	.00

MAKE CHECKS PAYABLE TO:

Physiotherapy Associates 60479
425 Henslee Dr

Dickson, TN 37055-2166

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
		<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
03/02/11	\$0.00	
		SHOW AMOUNT PAID HERE \$

STATEMENT

REDACTED

ADDRESSEE:



LEECH, ONEIDA V

REMIT TO:

Physiotherapy Associates 60479
425 Henslee Dr
Dickson, TN 37055-2166

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT
(877) 747-4449

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
07/01/10	ONEIDA	Crider	97140	Manual therapy, ea 15 mins	\$66.00	\$26.53		\$39.47	\$0.00	\$0.00
07/01/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$140.00	\$56.64		\$83.36	\$0.00	\$0.00
07/01/10	ONEIDA	Crider	97010	Hot or cold packs	\$41.00	\$0.00		\$41.00	\$0.00	\$0.00
07/06/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$84.96		\$125.04	\$0.00	\$0.00
07/06/10	ONEIDA	Crider	97010	Hot or cold packs	\$0.00	\$0.00			\$0.00	\$0.00
07/06/10	ONEIDA	Yamin	VOID	Void	\$0.00				\$0.00	\$0.00
07/08/10	ONEIDA	Crider	97010	Hot or cold packs	\$0.00	\$0.00			\$0.00	\$0.00
07/08/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$84.96		\$125.04	\$0.00	\$0.00
07/13/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$140.00	\$56.64		\$83.36	\$0.00	\$0.00
07/13/10	ONEIDA	Crider	97010	Hot or cold packs	\$0.00	\$0.00			\$0.00	\$0.00
07/13/10	ONEIDA	Crider	97530	Therapeutic activities, ea 15	\$64.00	\$30.39		\$33.61	\$0.00	\$0.00
08/31/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$140.00	\$11.33		\$0.00	\$128.67	\$0.00
08/31/10	ONEIDA	Crider	97001	PT Evaluation	\$162.00	\$14.05		\$0.00	\$147.95	\$0.00
09/07/10	ONEIDA	Crider	97116	Gait training, ea 15 mins	\$53.00	\$5.02		\$0.00	\$47.98	\$0.00
09/07/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$16.99		\$0.00	\$193.01	\$0.00
09/14/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$16.99		\$0.00	\$193.01	\$0.00
09/21/10	ONEIDA	Crider	97110	Therapeutic Exercise	\$210.00	\$16.99		\$0.00	\$193.01	\$0.00

1726⁰⁰
2025
3751

ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
	\$903.63	\$0.00	\$0.00	\$0.00	\$0.00	\$903.63

MESSAGE:

We have moved to a new billing system. You may receive 2 statements. This is not an error. If you have any questions, please contact our billing office.

PLEASE PAY
THIS AMOUNT »»» \$0.00

** PAYMENT DUE UPON RECEIPT * THANK YOU **

03/03/11

Statement of Account
 PHYSIOTHERAPY ASSOC-OHIO
 2655 COMMONS BLVD
 BEAVERCREEK, OH 45431
 (866) 774-9923

Page 1

JAY ROTHMAN

Acct#

REDACTED

Patient Name: JAY ROTHMAN For Dates: 01/01/1980 - 03/02/2011

Dr Serv	Procedure	Description	Charges	Adjusts	Insurance Payments	Patient Payments	Total Payments	Balance
04/13/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
04/13/10	97001	PHYSICAL THERAPY EVA	162.00	162.00	0.00	0.00	0.00	0.00
04/13/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
04/13/10	97140	MANUAL THERAPY THECH	66.00	66.00	0.00	0.00	0.00	0.00
04/19/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
04/19/10	97110	THERAPEUTIC PROCEDUR	140.00	140.00	0.00	0.00	0.00	0.00
04/19/10	97140	MANUAL THERAPY THECH	66.00	66.00	0.00	0.00	0.00	0.00
04/19/10	97035	ULTRASOUND - 15 MIN	52.00	52.00	0.00	0.00	0.00	0.00
04/26/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
04/26/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
04/26/10	97140	MANUAL THERAPY THECH	132.00	132.00	0.00	0.00	0.00	0.00
04/26/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
04/26/10	G0283	ELECTRICAL STIM-NOT	57.00	57.00	0.00	0.00	0.00	0.00
05/03/10	NOSHOW	NO SHOWN/CANCELLATION	0.00	0.00	0.00	0.00	0.00	0.00
05/06/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
05/06/10	97140	MANUAL THERAPY THECH	132.00	132.00	0.00	0.00	0.00	0.00
05/06/10	97035	ULTRASOUND - 15 MIN	52.00	52.00	0.00	0.00	0.00	0.00
05/06/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
05/06/10	G0283	ELECTRICAL STIM-NOT	57.00	57.00	0.00	0.00	0.00	0.00
05/06/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	0.00	0.00	40.00
05/17/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
05/17/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
05/17/10	97140	MANUAL THERAPY THECH	132.00	132.00	0.00	0.00	0.00	0.00
05/17/10	97035	ULTRASOUND - 15 MIN	52.00	52.00	0.00	0.00	0.00	0.00
05/17/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
05/17/10	G0283	ELECTRICAL STIM-NOT	57.00	57.00	0.00	0.00	0.00	0.00
05/24/10	UHCVISIT	UHC VISIT	40.00	0.00	0.00	40.00	40.00	0.00
05/24/10	97110	THERAPEUTIC PROCEDUR	70.00	70.00	0.00	0.00	0.00	0.00
05/24/10	97140	MANUAL THERAPY THECH	132.00	132.00	0.00	0.00	0.00	0.00
05/24/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
05/24/10	G0283	ELECTRICAL STIM-NOT	57.00	57.00	0.00	0.00	0.00	0.00
Totals			2100.00	1860.00	0.00	200.00	200.00	40.00
Unapplied Credits			0.00					
Account Balance			40.00					

03/03/11

Statement of Account
 PHYSIOTHERAPY ASSOC-NASHVILLE
 425 HENSLEE DRIVE
 DICKSON, TN 37055
 (855) 774-9930

Page 1

ONEIDA LEECH

Acct#

REDACTED

Patient Name: ONEIDA LEECH For Dates: 01/01/1980 - 03/02/2011

Dt Serv	Procedure	Description	Charges	Adjusts	Insurance Payments	Patient Payments	Total Payments	Balance
01/11/10	97001	PHYSICAL THERAPY EVA	131.00	64.68	66.32	0.00	66.32	0.00
01/11/10	97110	THERAPEUTIC PROCEDUR	118.00	64.62	53.38	0.00	53.38	0.00
01/11/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/14/10	97110	THERAPEUTIC PROCEDUR	236.00	129.24	106.76	0.00	106.76	0.00
01/18/10	97110	THERAPEUTIC PROCEDUR	177.00	96.93	80.07	0.00	80.07	0.00
01/18/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/20/10	97110	THERAPEUTIC PROCEDUR	177.00	96.93	80.07	0.00	80.07	0.00
01/20/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/22/10	97110	THERAPEUTIC PROCEDUR	177.00	96.93	80.07	0.00	80.07	0.00
01/22/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/25/10	97110	THERAPEUTIC PROCEDUR	177.00	96.93	80.07	0.00	80.07	0.00
01/25/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/26/10	97110	THERAPEUTIC PROCEDUR	118.00	64.62	53.38	0.00	53.38	0.00
01/26/10	97530	THERAPEUTIC ACTIVITI	59.00	30.42	28.58	0.00	28.58	0.00
01/26/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
01/28/10	97110	THERAPEUTIC PROCEDUR	118.00	64.62	53.38	0.00	53.38	0.00
01/28/10	97530	THERAPEUTIC ACTIVITI	59.00	30.42	28.58	0.00	28.58	0.00
01/28/10	97035	ULTRASOUND - 15 MIN	35.00	23.84	11.16	0.00	11.16	0.00
02/02/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/02/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/04/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/04/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/08/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/08/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
02/08/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/10/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/10/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/12/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/12/10	97035	ULTRASOUND - 15 MIN	35.00	24.00	0.00	0.00	0.00	11.00
02/12/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
02/17/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/17/10	97116	GAIT TRAINING	49.00	25.70	0.00	0.00	0.00	23.30
02/17/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
02/19/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
02/19/10	97116	GAIT TRAINING	49.00	25.70	0.00	0.00	0.00	23.30
02/19/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
2/22/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
2/22/10	97530	THERAPEUTIC ACTIVITI	59.00	31.05	0.00	0.00	0.00	27.95
2/26/10	97110	THERAPEUTIC PROCEDUR	236.00	129.56	0.00	0.00	0.00	106.44
2/26/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
3/02/10	97110	THERAPEUTIC PROCEDUR	236.00	129.56	0.00	0.00	0.00	106.44
3/02/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
3/04/10	97110	THERAPEUTIC PROCEDUR	236.00	129.56	0.00	0.00	0.00	106.44
3/04/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
3/09/10	97110	THERAPEUTIC PROCEDUR	236.00	129.56	169.92	0.00	169.92	-63.48

03/03/11

Statement of Account
 PHYSIOTHERAPY ASSOC-NASHVILLE
 425 HENSLEE DRIVE
 DICKSON, TN 37055
 (866) 774-9930

Page 2

ONEIDA LEECH

Acct#

REDACTED

Patient Name: ONEIDA LEECH For Dates: 01/01/1980 - 03/02/2011

Dt Serv	Procedure	Description	Charges	Adjusts	Insurance Payments	Patient Payments	Total Payments	Balance
03/11/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/11/10	97140	MANUAL THERAPY TECHN	58.00	33.29	0.00	0.00	0.00	24.71
03/16/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/16/10	97116	GAIT TRAINING	49.00	25.70	0.00	0.00	0.00	23.30
03/18/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/18/10	97140	MANUAL THERAPY TECHN	58.00	33.29	0.00	0.00	0.00	24.71
03/23/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/23/10	97116	GAIT TRAINING	49.00	25.70	0.00	0.00	0.00	23.30
03/25/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/25/10	97010	HOT/COLD PACK	34.00	34.00	0.00	0.00	0.00	0.00
03/30/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/30/10	97530	THERAPEUTIC ACTIVITI	59.00	31.05	0.00	0.00	0.00	27.95
03/31/10	97110	THERAPEUTIC PROCEDUR	177.00	97.17	0.00	0.00	0.00	79.83
03/31/10	97140	MANUAL THERAPY TECHN	58.00	33.29	0.00	0.00	0.00	24.71
04/07/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	90.32	0.00	90.32	-10.49
04/07/10	97530	THERAPEUTIC ACTIVITI	64.00	36.05	0.00	0.00	0.00	27.95
04/08/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
04/08/10	97530	THERAPEUTIC ACTIVITI	64.00	36.05	0.00	0.00	0.00	27.95
04/13/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
04/13/10	97530	THERAPEUTIC ACTIVITI	64.00	36.05	0.00	0.00	0.00	27.95
04/15/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
04/15/10	97530	THERAPEUTIC ACTIVITI	64.00	36.05	0.00	0.00	0.00	27.95
06/01/10	97001	PHYSICAL THERAPY EVA	162.00	95.50	143.03	0.00	143.03	-76.53
06/01/10	97110	THERAPEUTIC PROCEDUR	140.00	86.78	0.00	0.00	0.00	53.22
06/03/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/03/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/08/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/08/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/10/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/10/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/15/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/15/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/22/10	97110	THERAPEUTIC PROCEDUR	140.00	86.78	0.00	0.00	0.00	53.22
06/22/10	97116	GAIT TRAINING	53.00	29.70	0.00	0.00	0.00	23.30
06/22/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/24/10	97110	THERAPEUTIC PROCEDUR	140.00	86.78	0.00	0.00	0.00	53.22
06/24/10	97116	GAIT TRAINING	53.00	29.70	0.00	0.00	0.00	23.30
06/24/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
06/29/10	97110	THERAPEUTIC PROCEDUR	210.00	130.17	0.00	0.00	0.00	79.83
06/29/10	97010	HOT/COLD PACK	41.00	41.00	0.00	0.00	0.00	0.00
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Totals			9447.00	5653.75	1192.05	0.00	1192.05	2601.20
Applied Credits			0.00					
Account Balance			2601.20					